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EDITORIAL COMMENT

THE HOME COMING OF PRIVATE DUTY NURSES

We wish we could stand on the pier and welcome every private duty nurse when she returns from military service, overseas. We wish we might be at the station to welcome back every private duty nurse returning from military service in this country. We feel that the private duty nurse has been missed more by the public than any other group of nurses that has gone out.

No doubt, many women who, before the war, were in hospital positions, know that they can return to their former places; while others probably know that their places have been definitely filled in the meantime.

For the private duty nurses, the situation is very different. Never before have they been more badly needed than they are now. Those women who were doing private duty nursing before the war and who wish to continue in this field, are sure of a warm welcome. Having to do without the services of a private duty nurse was, for some people, their greatest sacrifice during the war.

Because of the tremendous development in public health nursing, now under consideration by different agencies, many nurses from both the private duty and the institutional group will prefer to enter that line of work. We shall be greatly surprised if any nurses, on returning, find it difficult to obtain employment. The Red Cross Bureau of Information, with offices at 44 East 23rd Street, New York City, was established for the purpose of helping the home-coming nurses to locate advantageously.

The successful private duty nurse represents the highest type of woman in the profession. She must not only possess expert professional knowledge, but she must be able to employ practical psychology to a greater degree than nurses in any other group. There is no one who can take her place in the home when a member of the family is desperately ill and, at least for another generation or two,

the majority of the sick will be cared for in their homes rather than in hospitals.

The good private duty nurse is a worker, not a talker. It is through her services in the home that standards of nursing are established in the minds of the people, and it is because of her example that the people are being brought to see the value of the public health nurse in preventive work. We have in mind the highest type of professional nurse, not the commercial woman, who exists in nursing as in every other walk in life.

Although the ranks of the private duty nurse are constantly being drawn upon to provide material for all other groups of nurses, this group still outnumbers all the others combined, and it constitutes the most important nursing body to-day.

With such strong appeals for public health nurses, private duty nurses should realize that they are just as greatly needed to-day as they have ever been, and it should be a matter of choice with them as to which line opens for them the greater field of usefulness.

AS WE SEE IT

It seems to be impossible to draft a bill for state registration that can be made to please all the elements in the medical profession. The Illinois bill, with its plan for the "junior nurse," who is to be given a year and a half of training, although it has been approved by the State Department of Registration and Education, has met with bitter opposition in that state from one group of medical men, while it is strongly supported by other physicians.

The New York State bill, which is not mandatory, provides a nine months' course for the training of attendants, and a waiver which would practically register every person doing nursing for hire. While it meets the approval of the State Department of Education, a great body of lay men and women, and the highest type of medical men, it is being opposed by those men in the medical profession who have always been antagonistic to nursing legislation of every kind. We are coming to believe that this group forms an undercurrent of concerted opposition in nursing affairs.

We are convinced that if the matter of providing nurses for all the people could be placed absolutely in the hands of nurses themselves, satisfactory plans would quickly be evolved, but when legislation is being arranged, there has to be considered the commercial opposition of certain hospitals, some large, others small, some under church management, others under the state. There has also to be considered the lack of coöperation from different groups of religious sisterhoods, the opposition of correspondence and other so-called short-course

nursing schools, the indifference of some of our own members, and the determination of some medical bodies to actively dominate nursing affairs.

Strange as it may seem, no two of these groups approve or disapprove of the same things. The result is that such legislation as can be obtained is unsatisfactory to everyone. Of the forty-six laws for state registration in this country, there is not one that is wholly satisfactory to the nurses who have promoted it, because of the concessions forced upon them by the opposing forces.

In the plans embodied in the laws being put forth this year, the nurses have had but one thought in mind: the supplying of a larger force of people to care for the sick. In the terms of the Illinois bill, providing for a shorter-term nurse, to be known as the "junior nurse," and in the New York bill with its provision for trained attendants, the nurses are sacrificing themselves in order to serve the public. But these efforts are just as strongly opposed by the interests already mentioned as would have been a mandatory law limiting the practice of nursing to registered nurses only.

In all our experience with state registration, we have never found opposition, which, when analyzed, was really promoting the public well-being. It was all more or less self-interested, intended either to benefit the individual himself, his particular hospital or training school, or something in which he was personally interested, aside from the best good for the greatest number.

No one knows better than the nurses themselves, the nursing needs of the hour. They are perfectly conscious of the defects within their own ranks—but the institutions maintaining training schools must share a part of this responsibility. They know the need of more nurses for the homes of moderate means, and if the advice of nurses could be followed, some of the imperfections in training schools might be removed, and the shortage of nurses for the middle class be quickly overcome.

With such a variety of commercial and personal interests to combat, conditions which might be remedied in a few years will probably drag on for decades. It is remarkable that in spite of all this opposition, which had its beginning in the days of Florence Nightingale, back in the Crimean War, the standards of nursing have steadily advanced, although to the leaders, it has seemed with painful slowness. This opposition is an evidence that nurses are of great value in the social and economic structure, consequently, there have been those who have tried to get the profession under their control. The leaders in any educational or philanthropic movement have always had this to contend with. But there is comfort in the knowledge that

the highest type of people, lay and medical, have always been in sympathy with nursing ideals.

INTERNATIONAL PUBLIC HEALTH

An international affiliation for the betterment of the health of the world is the last step announced in the Red Cross reconstruction plans. Dr. Livingston Farrand, president of Colorado University and now at the head of the Central Committee of the American Red Cross, is to attend the conference in Geneva on this subject.

Plans for the broadening of preventive work of every kind have been previously mentioned in these pages, and we have noted the need of calling into the public health service great numbers of our most highly trained women.

The question of some definite instruction along these lines, for nurses in training, has been frequently discussed. A few hospitals have established such courses and they are now giving a selected group of pupils the benefit of some field work before graduating. But for graduate nurses, a greater number of courses in public health nursing is needed.

Last month we referred to public health scholarships which are being provided by Red Cross Chapters in Michigan. Every organization interested in the public welfare should be asked to aid in this work, thus making possible the preparation of large numbers of graduate and pupil nurses for this particular field, so essential to our national vigor.

THE RED CROSS CAPE

The Red Cross cape with its scarlet lining is very dear to those who have worn it. Its fetchingness has no doubt induced some nurses to enroll for war service, and one of the hardships of being demobilized is having to part with it.

These capes are the property of the Red Cross which issued them. A mandatory ruling requires that they be returned when a nurse is discharged from the service. Instances have been noted in which nurses have failed to comply with this regulation. While there is always more or less misunderstanding about such matters, anyone seeing a nurse wearing a Red Cross cape, after she has been formally discharged from service, may know that in wearing it, she is guilty, whether wilfully or through ignorance, of a breach of regulations.

FRAUDULENT AGENTS

A warning has been issued by some of the medical publishers regarding a man from Boise, Idaho, who is soliciting orders for books, from hospitals, sanitariums, and nurses. This gentleman makes it a

practice to collect money in advance and then disappears without giving his customers anything for their money except a pleasant smile. Our readers should be on the lookout for this man, and should beware of paying money to any agent with whom they are not personally acquainted.

What holds good about books, holds good about subscriptions to this magazine. Every little while we hear of nurses who have been duped by agents said to represent the JOURNAL. We have no men solicitors in the field for the AMERICAN JOURNAL OF NURSING, so we are not able to make any redress to nurses who have been defrauded in this way. Unless the agent can prove beyond a doubt that he is the bona fide representative of one of the large magazine subscription agencies, the subscription should not be placed with him under any consideration.

NEW OFFICES FOR THE JOURNAL

During the time that this number of the JOURNAL was being printed, the JOURNAL family moved its offices from 45 South Union Street, to 19 West Main Street. It is not necessary for our friends to burden themselves with this new number, as the simple address, THE AMERICAN JOURNAL OF NURSING, Rochester, N. Y., is sufficient for mail to reach us.

This change marks another era in the JOURNAL's development. During the first two years of its existence its headquarters was in the trunk of the Editor-in-Chief, then in an office in her house, rent free, for twelve years; after that, for five years, we shared offices with the Central Directory of the Monroe County Registered Nurses' Association. Having outgrown these quarters, the JOURNAL is now established in handsome offices in the Great American Insurance Building, with all the conveniences and service of a modern office building.

Of course this means increased expense, to meet which we must increase our business. One of our economies will be the elimination of illustrations, except very important ones, such as portraits of well-known women. We want to remind our subscribers who are members of the American Nurses' Association that they all have an obligation in helping us to increase the JOURNAL subscription list.

A SUGGESTIVE OUTLINE FOR THE USE OF RED CROSS CLASSES

Instructors of Red Cross classes in Elementary Hygiene and Home Care of the Sick have probably found it difficult to arouse enthusiasm among the students if they have presented the subjects in the order in which they are introduced in the text book.

At the Red Cross Conference of Chapter Supervisors and

Instructors, held in New York City early in February, Miss Frederika Farley, chief of the Red Cross teaching center in New York, presented an outline of an entirely different arrangement, which has been found to overcome this difficulty. For the benefit of nurses who are serving as instructors of these classes, Miss Farley's outline is presented here:

Lesson I. Talk by nurse on object of course, work done in past and work for the future. Demonstrate: Plain bed, show bed, open bed. Advance to plain bed with rubber draw sheet, fracture bed, ether bed. Emphasize paragraph I, page 146. Give opportunity to pupils to come in and practice. Give out for study, Chapters I and VI.

Lesson II. Discuss Chapters I and VI. Take culture from "clean" hands of some pupil in class. Demonstrate growth of bacteria at next lesson. Demonstrate any beds not taken up at first lesson. Make patient up in bed. Practice. Give out Chapter II. Opportunity to give talk on General Public Health.

Lesson III. Discuss Chapter II. Practice practical work of other lessons. Talk on city's responsibility to house dwellers and factory workers. Give out Chapter VII.

Lesson IV. Discuss Chapter VII. Demonstrate bed. Give out Chapter III.

Lesson V. If possible, have an ideal nursery for the baby lesson. Discuss Chapter III. Demonstrate baby's bath. Talk on federal, state, and local agencies for babies' welfare. Give out Chapter IV.

Lesson VI. Discuss Chapter IV. Demonstrate,—temperature, pulse, and respiration. Written review of all previous work. Give out Chapter V.

Lesson VII. Discuss Chapter V. Demonstrate foot bath and hair wash. Practical suggestions from instructor for home use. Give out Chapter VIII.

Lesson VIII. Discuss Chapter VIII. Demonstrate hot water bottle, ice bag, ice compresses, cradles, rubber ring, cotton ring, etc., besides appliances and methods spoken of in book. Add such practical knowledge as the instructor can from her personal knowledge in caring for the sick. Give out Chapter IX.

Lesson IX. Discuss Chapter IX. Demonstrate sponge bath. Give out Chapter X.

Lesson X. Written review of Chapters I to X. Demonstrate measuring and giving medicines, getting patient up out of bed for first time. Recommend yearly physical examination. e. g. Life Extension Institute. Emphasize paragraph 2, page 202; paragraph 2, page 207; paragraph 1, page 205. Give out Chapter XI.

Lesson XI. Discuss Chapter XI. Demonstrate mustard paste, flaxseed poultice, stupes. Give out Chapter XII.

Lesson XII. Discuss Chapter XII. Demonstrate enema. Emphasize paragraph 1, page 254. Give out Chapter XIII.

Lesson XIII. Discuss Chapter XIII. Give talk on principle of applying a surgical dressing, with a practical demonstration of a few simple bandages. Give out Chapter XIV.

Lesson XIV. Discuss Chapter XIV. Talk on public health agencies. Review as much practical work as possible.

Lesson XV. General oral and practical review in preparation for examination.

RANK FOR NURSES

We hope not one of our readers will put down this JOURNAL until she has read Miss Noyes' letter addressed to presidents, officers, and members of the State Associations, on the subject of Rank for Nurses.

Many nurses returning from overseas service have had unnecessarily hard and unpleasant experiences because they were without rank. We are urging these nurses to put such facts into writing and send them to Mrs. Helen Hoy Greeley, Counsel, National Committee to Secure Rank for Nurses, 717 Woodward Building, Washington, D. C. Do not send anonymous letters. They have no weight with any one. Be sure, too, that your facts can be corroborated by a fellow worker, and do not fail to give the time and place of the incident. The publicity committee will be most discreet in the use of this information.

Only through concrete evidence of this sort can we bring home to our representatives in Congress the pressing need of rank for nurses.

MISS DELANO CONVALESCENT

We have heard that Miss Delano was ill after reaching France, but the latest report is that she is greatly improved.

GAVAGE FEEDING OF INFANTS

ELLA M. RAHTGE, R.N.

Chicago, Ill.

It is my impression that this is a subject which has been very lightly dealt with, judging from the scarcity of information to be found concerning it in any of the books that deal with methods pertaining to the care of infants. It is difficult to understand why such is the case, since it is a procedure which, in many instances, saves a baby's life.

In connection with gavage feeding, we think first of the premature infant who is too frail to nurse or even to make an effort to swallow, when food is placed in the mouth by a dropper. This infant is best fed by gavage until it gradually becomes vigorous enough to take its food from the bottle or to be nursed at the breast.

The second class is that of the decomposition baby who comes under our care so starved, so emaciated, and so feeble, that he cannot make the effort to take food. In extreme cases, it means life to this baby to conserve its strength, so he is fed by gavage, and in a few days' time he has gained so much that when, as a trial experiment, he is offered the bottle, he rewards us by draining every drop and, in his way, asking for more. It is best not to change all at once to the bottle feeding, for it is easy to overestimate the baby's strength, but give it first one bottle a day, then two, and so on, until he is entirely off the gavage method of feeding.

The third class is comprised of babies who are acutely ill and persistently refuse food, until the depletion of strength and loss of weight are so great that it becomes necessary to force the food,—then as the baby grows better and its appetite returns, the gavage feeding is discontinued.

The fourth class is made up of the hare-lip and cleft-palate babies. These are all eventually subjected to operation. Even if they are able to take food through a nipple, it is necessary to accustom them to some other method, since the nipple cannot be used after operation until the lip is healed and the tenderness gone. Feeding with a spoon is not satisfactory, because so much of the food is lost; the dropper method is the one most often employed,—but in a number of instances it has been found that these babies do not take the feeding without a considerable amount of trouble attending, caused chiefly by the swallowing of air with the food, and the resulting discomfort. This is eliminated by the use of the gavage method.

The fifth and last class is that of the baby who vomits persistently.

This vomiting is often associated with pylorospasm, and in this condition, lavage of the stomach, followed by gavage, has produced very good results, on the theory that the action of the baby's nursing tends to increase the spasm.

The next thing to be considered is the technique. The tube used is a No. 12 or 15 F. catheter with a one-ounce cylindrical funnel attached. The baby is restrained, with arms well down at the side, care being taken that they are not twisted back of the body in applying the restraint, thus producing injury. The baby's head is held firmly and the tube, after being moistened, is passed through the mouth. If the baby has teeth, the tube should be anointed with vaseline and passed through the nostril. As long as there is no resistance at all, continue passing the tube, but if there is resistance, wait until the throat relaxes; do not use force. It cannot be stated that the tube should be passed any certain number of inches, but the distance can easily be estimated in each individual case,—the only danger would be, perhaps, in not passing it far enough.

The question has been asked, "How do I know that the tube is in the baby's stomach?" and the reply has been, "When the stomach contents come up in the tube." This answer holds good in some cases, but in these days, when the four-hour feeding interval is employed, the stomach is usually quite empty, except in cases where there is retention. If we can be sure that the tube has not gone into the baby's trachea, then we can be quite sure that it is in the stomach, so we must determine the first, to our satisfaction. When the tube is being passed, it causes a little irritation, resulting in coughing and crying, in redness and, perhaps, even cyanosis of the face. If this continues after the tube is down for a minute or two, it may be taken as a danger signal. Often when the tube is passed, air will escape and one may be inclined to think it is in the trachea instead of the stomach; this can be determined definitely by placing the open end of the funnel in a cup of sterile water. If air continues to come with expiration and if the water is drawn up in the funnel with inspiration, there can scarcely be any doubt but that the tube is in the trachea. With patients who are comatose, it is always safer to make this test.

After the tube is down and the baby is quiet, we may proceed. We hold the funnel and control the flow with one hand, leaving the other free to hold the tube in place, if necessary, and to pour the fluid. Cut off the flow while the funnel is being filled, then allow it to run slowly, as too rapid distention of the stomach is not good for the baby. If the food does not flow, it may be because of air in the tube or because a curd or bit of mucus has obstructed the outlet. This may be corrected by making forceful pressure upon the tube between the

palm and the fingers. If the baby cries or strains, the food will back-up in the funnel, and it is apt to overflow. If this occurs, pinch off the flow to avoid losing the food. Do not allow the funnel to become empty, as more air is carried in when it is filled again.

In withdrawing the tube, a very important point to remember is to cut off the flow entirely, as a few drops of fluid are always retained and these might trickle into the trachea, causing strangulation or even aspiration pneumonia. It is always well to watch the baby for a few moments after a feeding, especially if it be a very weak infant.

Sometimes we are called upon to give a baby a gastric lavage, and if we know the principles of gavage feeding, it is not a difficult procedure. We use the same sized catheter and funnel, and the babe is left lying on his back in his crib, or, if preferable, on a table. Plain sterile water is used, unless otherwise ordered, and the same rule is observed as in any other lavage: to wash until the returns are clean, sometimes as much as three pints being used. The amount of water put into the stomach at a time, depends entirely upon the age of the child, and when we remember that the stomach capacity, in ounces, is the number of months the child is old, plus two, it is easy to know how much to use. The funnel is lowered before it is quite empty and the siphonage is easy. If the flow stops, before the water has all returned, change the position of the tube a little. We do not measure the returns because we know that a great deal of the water passes through the pylorus, and then, too, the occasion where lavage is employed is usually where there is persistent vomiting, and a good deal of the water is ejected during the procedure.

The use of the tube for any purpose is not a pleasant one for the baby, and he enters his protest in no uncertain terms until the nurse may feel it to be a most difficult task. But the baby is philosophical, and after a few sittings he takes it as a matter of course, swallows the tube like a gentleman, perhaps even without restraint, chews it and cooes and smiles the while it is down, and the nurse feels it is not so difficult after all.

THE PSYCHOLOGY OF HABIT¹

BY KATHARINE MURDOCK, PH.D.

New York, N. Y.

Many graduate nurses, I am sure, have never studied psychology from a text book, and have never heard a lecture on the subject, yet are expert practical psychologists. You know and apply, among other things, the laws of habit formation. You naturally ask, then, Why is it worth while for the nursing in training, already overburdened with many practical duties and a heavy curriculum, to take up the study of one more abstruse subject, especially when it is admitted that she would unconsciously learn a great deal of what psychology teaches, even if she were left to herself? My answer is that she may save time in the long run, that she may find a short-cut to knowledge which otherwise would take her long to gather in the school of experience, and that she herself, as well as her patients may, in the meantime, reap the benefit which comes through a knowledge of human nature.

One of the largest elements of this knowledge of human nature is an understanding of the part which habit plays in our lives and of the means we have at hand to direct this great force. Habit was called by some one second nature,—“Not second nature,” said the Duke of Wellington, “but ten times nature.” Since hearing in Dr. Forbes’ convincing paper of the great force which instincts exert, even in adult life, we may hesitate to claim for habit so large a distinction as that, but yet how tremendous and wide-spread is its force for evil and for good.

“How many habits do you suppose you have?” I often ask my students. “Since you have come into this room,” I say, “how many habits do you suppose you have exercised?” And after guesses of three, ten, thirty, and so on, we begin to enumerate them: coming to this room rather than to some other; walking to a particular seat, sitting down, feeling bored or interested according to how one usually feels when she comes to the psychology class; even thinking of certain things and in a certain way that belongs to this particular situation. And then we start to analyze some of these, as well as the tens or hundreds of others that might be mentioned: our walking, just how do we do that? we surely do not think about it often, no, it is habit which guides these movements; how do we move our arms? how push aside a chair? how form the letters and words and control the breathing in our speech?—not to mention the things we say, and the way we say

¹ Read at the seventeenth annual meeting of the New York State Nurses’ Association, Rochester, N. Y., December 5, 1918.

them, and to whom we say them, and on and on, ad infinitum. Even these suggestions refer only to one sort of habits—all these mentioned are *positive* habits of doing or feeling and thinking something. But we have many, many habits of a *negative* sort: *not* to run around the room, *not* to fidget and talk and pay attention to outside noises, are as truly learned habits, and are more truly opposed to our original nature, than are our individual idiosyncracies of the fiddling with a pencil and the like.

All these things the student easily sees she does without the present direction of consciousness, and they are things which, somehow or other, whether consciously or unconsciously, she has learned to do. Bad habits, she now sees, are not by any means her only equipment of habits. Whether she likes them or not, she has many habits—not tens of hundreds, but thousands and millions of them; ways in which she unconsciously meets situations because she has met them in that same way in the past. Since we have these habits—these many unconscious ways of reacting, it seems rather worth while to take some account of our stock in trade. Bad habits we all have. The sooner we recognize them, the better. The more we know of the strength of this impelling force, the better, for efforts cannot be too soon taken to counteract, with great difficulty now, what might have been accomplished with ease in childhood. The older we are, the harder it will be, for so many more repetitions have gone into the building of the habit, and each repetition has inevitably left its mark. But fortunately many, in fact, most of our habits, are not bad. Many, of course, are positively good, good in a moral sense—impelling us unconsciously to be kind and considerate, honest and true. Indeed the very foundation of our moral characters depends upon such habits. Alas for the nurse to whom another's possessions offer even the temptation to steal. Though she may resist, she does with strain what her companions accomplish easily and unconsciously through their habits of honesty. But after making our inventories of our decidedly good and bad habits, many apparently indifferent ones remain.

What about those unconscious ways of meeting life's detailed situations? Is it a good thing that we have many such habits? Certainly, yes. Every nurse knows that she makes a bed far more easily when she has reduced the doing of it to a habit. She does it better, she does it more quickly, and she saves valuable time. Each fold is put in at the proper place and time, but her consciousness is elsewhere. This matter of having habits, in order that we may save our consciousness for some other task, I feel should be impressed with great force upon nurses in training. To many of them the first few months in a

hospital bring a great disillusionment. These young women have come with high ideals of serving humanity, and they have found that their duties consist very largely in doing over and over again certain humdrum tasks. They know that these tasks are to be done, but they often fail to grasp the real reason why they must spend so much time and effort upon them and why the instructors insist so arbitrarily, as it often seems to the pupil, that *one* particular way of doing things shall always be adopted. If they knew more about the force and value of habit, much of their discontent, I think, would vanish. They would see that during this present grind, habits are being formed and made automatic not as ends in themselves, but so that the nurses' very high ideals of service may later be fulfilled. An untrained nurse at the bedside of a very sick person is held down to petty details by the necessity of giving all her attention to little things. The trained nurse, on the other hand, is one who does by habit (thus doing well and quickly and easily) many routine duties, and above all her consciousness is thus freed, so that she may meet the requirements of the present emergency, at the same time that these regular and necessary duties are being automatically taken care of by her habits. If the pupil nurse can thus look upon her time of habit-forming as a time of freedom-gaining for the future—as a time of preparation for the meeting of emergencies later on, perhaps a new value will attach to the humble task of packing soiled linen into a dirty pillow case, and she will see why it is worth while *always* to dispose of her linen in just this way, even though some other way may be just as good. The advantage attaches not only to this particular way of doing but to the fact that it is *always done in the same way*, for only through this routine of making the same movement, in the presence of a certain situation, will habits with their attendant benefits be attained.

Almost invariably my student nurses join with me in the plan of studying habit formation further by the method of actually forming a new habit in connection with the work in psychology. I never give this as a class requirement, for I believe that for such a plan to be effective, it must be done spontaneously, but it rarely happens that a nurse does not want to make the experiment. What shall the habit be? Each one chooses her own, but we discuss them at considerable length. There are all kinds of personal habits that are worth while having, and often one of these is chosen. Then there are, of course, the host of habits which so largely go to make up a nurse's professional efficiency. In this connection I beg them to consider the importance of learning from one another or discovering for themselves just what is the *most* efficient method of doing each minute task. I tell them about Gilbraith's work, that wonderful efficiency enquirer who

has contributed so much to America's labor output by devising means of teaching workmen to eliminate useless movements. Two hundred and fifty-six bricks are laid now, on an average, by a laborer, in the same length of time that it formerly took him to lay 140, because Gilbraith has shown that seven movements will accomplish what formerly was done with about eighteen movements,—and the resulting fatigue is less.

If I can judge from the questions which come to me from the nurses, there is no problem which bothers them so much as how they can do, in a limited time, all that they are supposed to do, and I take pleasure in citing to them illustrations from other fields in which marvelous time-saving has been accomplished through the combination of careful study for the elimination of waste movement, and diligent reducing of these best methods to a basis of habit.

In choosing to form a habit for illustrative study in the psychology class, I insist upon two points: first, that no one form a habit unless it has for her an intrinsic merit, unless she vitally feels its need and desires to form it. Aside from the fact that any other method would be a waste of time when so many habits have need of being formed, I make this requirement also, because of a great psychological principle. This principle is too often neglected by teachers of all subjects. They assume, often, that frequency of performance is the only factor necessary in creating habits. As a matter of fact, mere repetition alone has small power to create habit, when compared with *interested* and *attentive* repetition. If the doing of an act bring as its consequence some immediate satisfaction, that very fact itself aids in strengthening the habit. Since some of my students are head nurses, I call their attention in this connection to their dealings with pupils whom they direct. It is most necessary for them to realize how much they can aid in the forming of their pupils' habits by the simple expedient of seeing to it that pleasant results follow the performance of these habits when they are accomplished. A word of early commendation for a chance success, is often worth a pound of blame, later. To apply this helpfulness of the strengthening due to satisfying results to their own habits, it is necessary as I have said that they really desire to form the habit. Attentive interest, with the consequent attendance of satisfaction upon performing the habit, is an essential element of the best type of voluntary habit formation.

(To be continued)

WAR SERVICE OF THE GRADUATES OF THE PROTESTANT HOSPITAL, BORDEAUX, FRANCE

BY ANNA HAMILTON, M.D.

Bordeaux, France

There is perhaps not another establishment created for a local charity which has reached the point of radiating beneficent activities all over France like that of the Protestant Hospital of Bordeaux. Since the foundation of this charitable institution, the question of trained nurses had occupied the minds of the trustees and in the first report, which appeared in 1863, they published their intentions in regard to establishing a school. Several forms of organization followed and were gradually perfected until, at the 50th anniversary of the establishment of the hospital, it possessed a school for nurses, trained according to the methods of Florence Nightingale. Only young girls of good education are admitted to a course of two years, with eight hours' daily duty, passing from one department of the hospital to another and receiving the most varied instruction and, in addition, practice at the bedsides of the patients.

Our hospital school, since 1902, has conferred 128 diplomas and counts twenty probationers, who give us the following statistics in 1918:

In active service, 122; married after finishing their studies, 20; established in foreign countries, 5; deceased, 3.

It is interesting to state the activities of our pupils during the first twelve months of the war, from August, 1914, to July, 1915, and to show that many people from all parts of the country have appealed to our school for nurses capable of occupying difficult positions in the ambulances. That which has impressed the doctors everywhere is the practical knowledge of hospital service possessed by our nurses, their capability in regard to all kinds of diseases. Their knowledge is not limited to surgical cases or to the service in the operating rooms; they have no fear of taking charge of any part of the hospital, not even that of contagious diseases. Thus, in spite of the fact that during the first year of the war the larger proportion of hospitals were surgical, half of our nurses in active service were in medical or contagious wards where a competent personnel was most important in order to avoid serious complications and the spread of infection.

During the first year of the war, 110 of our nurses cared for soldiers, but we have not been able to procure precise information in regard to more than 80 of them. Twenty-three military hospitals, temporary or mixed, have called to the service 37 of our graduates.

In the Red Cross, sixty-five of our pupils have worked in 27 auxiliary hospitals, 11 hospitals of the Society of *Secours Aux Blesses Militaires*, 6 hospitals of the Association of French Women and 10 hospitals of the United Women of France. In addition to these two principal groups three benevolent organizations at Arachon Aouste and Béziers have enrolled our graduates. In foreign lands the Italian Red Cross at Milan and the Belgian Red Cross at Brussels have done the same, and in Egypt one of our old pupils and benefactress directs the Government Hospital at Benha, where the French wounded are received. Our graduates have occupied 58 posts of trust. Many others who possess a competent income and an experience of several years' practice in the hospital have accepted modest positions in order to have the privilege of nursing sick and wounded soldiers.

Our nurses have given 20,146 days' service at 56 ambulances, comprising 15,911 beds; the most part have worked without remuneration; 58 received their living expenses, only, and 20 were not provided with board or lodging. They have all made financial sacrifices for patriotism which only those can understand who have not sufficient incomes to support themselves. There is perhaps no other professional group that has mobilized so spontaneously, sacrificing voluntarily their customary resources without having the compensation of distinction or promotion but, on the contrary, the obligation of continual obscure sacrifice as much from the material point of view as in regard to the legitimate professional self esteem. But in accepting the position of ordinary nurses, our graduates have been of greater benefit to our soldiers because of their direct personal service. It is useful in an operating room, but it is infinitely more appreciated by a patient in a ward, to have the constant care of skilled nurses night and day; above all at night, for the patient only passes through the operating room, while he lives in the ward and there he has imperative need of competent nurses. Moreover, we always advise our graduates to leave operating rooms and surgical dressings to the care of medical students and to concentrate their efforts upon the wards where their ability to soothe and comfort would be so much more valuable to those who suffer. What better role for them than to ameliorate the condition of their patients by preserving order, calm and cleanliness; in other words, the hygiene of service favorable to the cure and saving of life of those grave cases which are more or less at the mercy of careless or ignorant attendants. May our graduates never forget that they are nurses, destined before all things to guard the sick, and not principally to be doctors' aids; though in concentrating their efforts upon the welfare of the sufferers they may become invaluable to the Medical Corps. Especially in working at the bedside of the patient,

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A corner of the children's ward.



Ready for inspection.



Convalescent patients at work.



Nurses of the Florence Nightingale School.

particularly when the doctor is not there, they are veritably fulfilling their destiny.

We have also ascertained with great pleasure the efforts of our pupils to take upon themselves the night service in hospitals. Every one knows what the ordinary night service is in many hospitals. In one ambulance three of our graduates did not hesitate to establish among themselves a night service in rotation for 100 wounded and a typhoid section, in order to watch and direct the personnel of the night service. It was necessary to continue it for three months in order to succeed, although they were just one group of graduates from our school. "We have succeeded in organizing a night service like that of the *Maison de Sante*," wrote one of our nurses. "Each one is on duty two weeks. This idea surprised the doctors at first, but they are very well satisfied with it and the wounded are delighted. Heretofore they were left to the night orderlies and when a hemorrhage occurred, what happened was very bad. We only think of uniting our efforts for the care of the wounded and of being worthy of the *Maison de Sante*." Among our old pupils we feel that their constant desire is that their service shall be the same as it was in their school. One of them, too fatigued after an uninterrupted service of fifteen months in a hospital which kept only typhoid patients who were untransportable, wrote: "I have decided to give up my post of head nurse. It costs me dear. It seems to me that I will leave a part of myself there. I had tried to make the hospital somewhat on the model of the dear *Maison de Sante*. I have succeeded, alas, what will come of it?"

"We have arranged a disinfecting room like the one in the *Maison de Sante*," wrote another, "which fortunately interested the Lieutenant Colonel X., assistant superintendent of the Health Service. He said it was a pleasure to inspect such hospitals. It was explained to him how the disinfecting was done and he was satisfied. In fact the coats, full of cooties and other inhabitants, have been washed with pleasure by the laundresses because they were first disinfected." "Our service grows heavier every day," wrote another of our nurses, "on account of the gravity of the cases which arrive from the trenches, almost exclusively typhoid." War typhoid takes the strangest form, bringing all sorts of complications, and ends in the most unexpected cures or in sudden death. In face of manifestations so unexpected, the most varied treatment is employed and we are very far from the calm and excellent methods of Doctor Peiron.

One of our graduates worked four months in Morocco in the contagious section of a hospital of 300 beds, distributed in a ward paved with large stones. There was no water in the hospital, one wash basin serving for the toilets and to wash the utensils, and sometimes

as a salad bowl. This improvised hospital received cases of paludisme, typhus, and maltese fever, besides having numbers of wounded. Often, at night, balls from Beni-Bou-Jahi whistled over the corrugated iron roof. In these strange surroundings our graduate once received a visit from one of her colleagues, a head nurse in Algeria. "We have often spoken of you and of our school," she wrote; "how many times we have proved how much better were our methods, learned at the *Maison de Sante*, through our various experiences, than are those that we have encountered elsewhere."

Another nurse from the east of Asia wrote: "I prepare all the anaesthetics, either chloroform or ether. We have had as many as 21 operations. That has been the limit, but 15 or 16 is quite usual. We do all the sterilizing in our laboratory and how many times I am up at one o'clock in the morning because my two assistants do not sleep here and leave at seven o'clock. I never worked so hard before the war. We have 700 beds and we are going to have 1,000." What can be said of the anguish of two of our pupils who were obliged during the night to evacuate their hospital? They found themselves alone, in charge of a sanitary train to which a second was attached, without communication between the cars. They were compelled during short stops to go to other parts of the train to minister to this crowd of wounded, who were suffering almost beyond endurance, ignorant as to where they were going and how long the painful journey would last, which for many was only bearable thanks to the hypodermics of morphine which were administered. From one of the water-cures a message came from one of our pupils which made us rejoice at her usefulness. "I cannot wait longer to tell you how often I am grateful to the School. All of us old pupils can thank you in the name of many Frenchmen for the care they will have had, thanks to you. I did not indeed think I would experience the difference between intelligent, conscientious care and the evil produced by ignorance and inexperience. We have tried to inculcate in all our nurses the principles of the *Maison de Sante* and I was happy one day to hear the surgeon who visited all the hospitals, say that our hospital gave him no anxiety because he knew how the patients were cared for."

In the course of this war, hospitals are of necessity very differently equipped; and their personnel, according to circumstances, varies extraordinarily. In one the personnel is scarcely sufficient, in others there is remarkable affluence and in general a variety of nationalities which is not lacking in picturesqueness. An auxiliary hospital of 150 beds in the south included, last year, three directoresses, a head nurse and six graduates of five different schools, a mid-wife and ninety

women signed up for assisting the personnel. In another establishment (a civil hospital) in the north, the personnel was composed of eight different categories of persons destined to nurse the wounded. One can imagine the dose of patience and good-will required in professional nurses who work under these conditions. In the course of this campaign our nurses have had new experiences, some of which have been very painful and hard to bear. But animated by the desire to make themselves useful to their country in its dark hour, they struggle valiantly for the good of our dear sick and wounded soldiers.

They have before them the great task of imperceptibly making their capability felt and of coördinating and directing much of the good-will and assistance so indispensable in time of war; through tact, ability, and good behavior, they make the professional nurse appreciated and truly worthy of her calling, so that one of the blessings growing out of this terrible war shall be to remove the prejudices against nurses.

During the first eighteen months of hostilities, hospital life was known to only a small minority in France, now it has become familiar to the general public and is the subject of much literature. Its special joys and profound emotions, the pleasure gained by alleviating physical and moral suffering in hospitals, have been a revelation to many. It is no longer a question of testing a rare and unusual vocation, but of consecrating one's self to the care of the sick. Young women and young girls have taken the hospitals by storm, while fathers, husbands and brothers have been engaged in repulsing the barbarians. They only think of surrounding the victims of the combat with care and solicitude. May they also realize that hospital life, so new to them, always presents great attractions even in times of peace and that there is always great need of care and consolation. We are hoping that after the victory we shall see our permanent hospitals furnished with a personnel of superior women and in that respect we shall not have to envy our English Allies.

"I am the blue note in the white uniform of the Red Cross," wrote one of the Basque nurses, "and my brassard often intrigues our wounded. One of them thought that the initials M. S. P. B. meant Military Society for the Wounded (*Societe Militaire Pour Blesses*)."

The Blues, as they call our graduates are proud of wearing this uniform, created by their school in 1901.

"The appearance of some persons is frightful. I would never consent to adopt another uniform. Certain posts were refused because our nurses would not give up their uniforms." We make this statement with pleasure because it proves the loyalty to our school. May they always be as loyal to this uniform which attaches them to

us and to the sentiment, "Noblesse Oblige." Thanks to this particular uniform our old nurses are often recognized with delight and are immediately received with great kindness. In the same way the City uniform, equally well known, has been for its wearers a means of respect. "Yesterday a colonel saluted me and a group of soldiers followed his example," one of our nurses wrote. In travelling, and going about the streets late at night, this uniform has been a protection to our pupils.

Several of our nurses in the invaded country have had the terrible experience of working under the orders of German officers. Only two of them have been able to communicate their impressions. One of them, a sister of these valiant Alpine Chasseurs, picked up four wounded men and transported them in a hand cart, across a barricade, under fire, to the hospital. "The following day the Prussians were in possession of the hospital and I returned, in order not to abandon our poor prisoners. What a Calvary for me! You know me. To care for the French under the orders of a Prussian officer, and such a Prussian, of the purest type! I was obliged to assist in operations, powerless to prevent barbarous surgery. After fifteen days in this hell, we saw the flight of the savage horde, not daring to believe our eyes." During this cruel period it was necessary to insure the service of the hospital filled with wounded and with new arrivals daily, without water, without gas, without electricity; and under continuous bombardment the service of the hospital was much impaired.

Another of our graduates worked in the Palais Royal of Brussels when the Germans arrived. Her stirring adventures have been published at length. After having continued her service under the Germans for thirty-seven days, she fled. The wounded French and Belgians had been sent to Germany and the French and English nurses were exposed to the same fate. Our nurse decided to save herself with three English nurses, in spite of the protestations of the U. S. Consul, who feared that the result might be fatal. This was the same Consul who made so many efforts to save the heroic Edith Cavell from condemnation and death. The four fugitives, disguised, had their carriage followed by aeroplanes and were compelled to change their route. Then, having reached Ninove, they found that the city had been evacuated the night before. They were forced to go back and take a less direct route to Gand. From thence they went to Ostend and finally reached England.

In terminating this rapid sketch of the activity of our pupils during the war, our thoughts turn to those who are captives and who for long months have been in the invaded cities. They have also worked

under the orders of the Boches. We shall know later under what conditions. Two others of our pupils, a directoress and assistant directoress of the great Hotel Dieu of ———, for several years have never left their posts. We have had news from them indirectly through a seriously wounded and mutilated soldier who was sent home to his family in Havre. He wrote that the German officers had treated these young women with much consideration because they were astonished at their care of the sick. In 1916, these two nurses were accused of treason by the Boches, were imprisoned, and held in secret, but nothing was proved against them.

Our School of trained nurses, thanks to its pupils, has accomplished work that is truly patriotic in caring for our precious defenders in Bordeaux and all over France. Of the 119 nurses in active service, sixty have been admitted to our school under the title *eleves boursieres*.

In facilitating these young girls to enter upon this career of usefulness, the Protestant Hospital of Bordeaux has not only placed them in a position to gain an honorable living, but it has also contributed toward an admirable ambulance service at the moment of our national crisis. If the task is sometimes arduous for those who have striven to prepare these nurses, and if the ground at times seems unyielding, let us not be discouraged, but let us continue to labor, to sow, and to water, with confidence that God himself will give us the harvest. Let us remember the parable of the sower how, if a part of the seed fell upon dry and stony ground, and another part fell among thorns, some fell upon good ground and yielded fruit, some thirty, some sixty, and some a hundred fold.

SOME EXPERIENCES IN ACTIVE SERVICE—FRANCE

BY GRACE E. ALLISON, R.N.

Cleveland, Ohio

PART IV

(Continued from page 434)

During the first few months we were disturbed but little by enemy air raids, "false signals" during the night causing us the inconvenience of being awakened and dressing, being the most serious offense experienced. In the spring of 1918, however, when the firing line was much nearer, raids became rather common, and we experienced as many as five successive night raids in one week. After this,

In the first installment of this article, January JOURNAL, Miss Allison was described as Chief Nurse of Base Hospital No. 4. She is, of course, ex-Chief Nurse.—Ed.

the nurses could more fully appreciate the soldiers' feeling toward the enemy. When a message was received which gave notice of an approaching raid, all lights were extinguished, the electric power was entirely shut off, and no light was seen anywhere, even smoking and the use of torches being strictly forbidden in all areas. The wailful sound of the siren was usually the first signal, although the first shot from an anti-aircraft gun sometimes gave the warning. All nurses were required to dress as quickly as possible and remain in quarters, as a protection from the falling shrapnel, until further orders were issued. Rouen was well protected with anti-aircraft guns. These became very active during a raid and contributed a deafening sound. It sometimes happened that the enemy planes turned in other directions, in which case we were fortunate in being able to return to sleep without further difficulty. Often, however, we were obliged to go to the trenches, which had been dug for our protection, upon hearing the signal. In spite of the seriousness of the situation, the procession of nurses sometimes presented a humorous picture. Only twenty-five per cent of our personnel was issued trench or steel helmets as a protection from the falling shrapnel. Those having none, sought the use of water pails, wash basins, or other similar devices, as a head covering. Arriving in the trenches, often muddy and wet, there was nothing to do but watch, listen, and wait.

In looking above and around the city, one could see in the distance pairs of sausage balloons, suspended at different heights in the air. Between each pair a cable was stretched, cleverly devised to catch the wings of a plane which, if entangled, would drop to earth. Amid the sound of the anti-aircraft guns one could distinguish the destructive sounds from an exploding enemy bomb. As each plane usually carried six bombs, it was comparatively easy to follow the direction of the plane. Occasionally a rocket was dropped, illuminating the ground for a wide area. This enabled the pilot to locate his objective. At other times, incendiary fires in the petroleum tanks have been thought to be the work of spies. These fires were difficult to extinguish and usually burned for at least twenty-four hours so that they offered an advantage to the enemy. Many times these planes seemed to hover directly above for as much as half an hour. Fortunately, they dropped no bombs on our base, their objectives being ammunition plants, railroads, or important military structures. At one time they evidently miscalculated the distance and dropped a bomb on a German prison camp, killing three of their countrymen.

The night nurses remained at their posts of duty on the wards throughout all air raids, the officer of the ward being also stationed there to assist in any emergency. Each building was separately

barricaded with evenly embanked piles of sand bags on every side. This protection was effective in case of a bomb dropping between huts, as it prevented the huge pieces of steel from tearing into the side walls of the wards in their rebound after striking the ground. No protection was possible against a direct hit, as the force was so great as to destroy even stone buildings, from roof to basement, through several stories.

It was surprising to find so little fear felt during this apparent danger. One learned to become a fatalist and to hold herself in readiness for any happening, regardless of the outcome.

Mobile Unit No. 5, A. E. F.—During the summer, Mobile Unit No. 5, consisting of about ten officers, twenty nurses and thirty corpsmen, was organized for service nearer the front and was later temporarily detached from the original hospital. This unit was unique in that it had complete equipment for a five hundred-bed hospital and was transported from place to place by means of its many trucks especially designed for this purpose. At one time this supplemented the bed capacity of an overcrowded hospital, and at another, maintained itself as an independent institution near the firing line. This being a tent hospital, it could be quickly transported to meet the emergency, wherever needed.

The canvas tents were stretched over steel frame-work, which not only held the structure securely, but offered the advantage of having no center posts which so often obstructed the passage way. To each bed was apportioned a window, the size being about 15 x 15 inches, which provided ample light and ventilation. The wards were connected by canvas-covered corridors, which also united all necessary departments of the hospital. The sterilizing plant was made stationary on a truck which, when placed in its proper position, formed one wall of the operating room. This equipment, permanently fixed on the truck, consisted of firebox, boiler, an instrument and a dressing sterilizer which provided for all necessary sterile supplies for the operating room. A small room adjacent was fully equipped for the necessary X-ray work and permitted the patient to be wheeled in on the operating-room table, and out again, with no unnecessary discomfort.

The laundry also was provided for by means of equipment made stationary on the trucks. On one was found the firebox, boiler, washer, and extractor; and on the trailer, the dryer,—the heat being supplied from a small stove in the rear. The laundry equipment was sufficient to maintain a fresh supply of linen for the hospital needs, as well as for the personnel.

Rank for Nurses.—Much has been said regarding "Rank for

Nurses" in this country, especially during the past year. The reason why the need is not more thoroughly and convincingly understood, is that it has been impossible for the nurses overseas to give the facts and information as they exist.

There were about 150,000 orderlies serving in the army hospitals, among whom were many who were not only absolutely ignorant of hospital customs and traditions, but who had little knowledge, if any, of caring for the sick. Inasmuch, as nurses were considered an auxiliary, rather than a part of the army, and as they were women, orderlies resented receiving instruction from nurses, and consequently the patients were the sufferers. Too little has been told of the conduct of affairs and of the difficulties experienced by the nurses in their efforts to provide proper nursing care for our wounded and sick soldiers.

It has been said that the influence of a good woman is the strongest authority that can be exercised. This might be so in some phases of life, but in the Army, where one principle and one psychology are carried out, under the severe disciplinary methods, it is impossible and unthinkable to presume that satisfactory results could be gained by such a fallacious theory. The Army, as every one is fully aware, is disciplined and managed by specific regulations; yet the nursing department, with its serious and heavy responsibilities, is expected to conform to an entirely different means by applying to reason,—a method which is not only foreign to the army language, but is neither encouraged nor desired.

Can any one imagine an officer appealing to an orderly in order to have his order carried out?

In the American army hospitals, orderlies are assigned to their posts of duty by the top sergeant and are subsequently transferred at the latter's discretion. It has occurred many times that an orderly has been placed on night duty without having had one day's experience or instruction in caring for the sick. As a night nurse was responsible for as many as eighty patients (in two or more huts), to provide such poorly qualified assistance, placed not only a tremendous, but an unnecessary strain upon her.

When Regulation 1042½ was received,—a copy was incorporated in the "Order of Day," and it appeared for one day only. To my knowledge, no further attention was directed toward any observance of this order. Nurses are quite familiar with the recognition given Canadian and Australian nurses by their respective governments. They wear the insignia, and they have corresponding consideration and courtesy shown them. The nurses in the British Army Nursing Service are given relative rank and are recognized as having it, as

it pertains to the practical management of affairs, as well as in theory.

In the first place, the Matron (who corresponds to our Chief Nurse), makes all assignments and transfers of orderlies for ward duty, a definite number being designated for this service. The orderlies do not leave their wards for a period of an hour or more, unknown to the nurse in charge, as is repeatedly done in the American Army hospitals by order of the top sergeant. Then, too, when these soldiers register for service in the R. A. M. C. (Royal Army Medical Corps), they are required to attend classes conducted by the Matron (a total of 75 hours, I think), and finally to pass examinations. This, alone, is a recognition of the Matron's authority, as it pertains to the nursing care of the sick. If an orderly proved himself incompetent or failed to perform his work properly, his case was given careful investigation, in consultation with the Commanding Officer, who could, from long experience, be relied upon to give just support in all reasonable matters.

The hospitals under British authority were inspected regularly and systematically by the British Matron in Chief or her representative. All important matters pertaining to the nursing department were taken up through these channels which insured, not only a just, but in the last analysis, a more efficient organization. There are many other points of difference as regards the nurses' authority.

Rank for nurses should be a matter of vital concern to every member of our profession, and one in which nurses should feel an individual interest.

We may not have future wars, but we shall always have army hospitals, even in peace times. It should be the ambition of every nurse to use her efforts to bring about means whereby our soldiers may receive the best possible medical and nursing attention.

The war has ended, and with it, we hope, a new life has entered, filled with higher ideals for service and a stronger bond of helpfulness, one to another; but nurses have performed their duty faithfully, devotedly, unselfishly, amid hardships and surrounded with depressing scenes. Our deepest gratitude is given those who so constantly gave us encouragement and helpfulness in every possible way. Let us hope that the results gained may be a satisfaction to all those who, at the close of each day, could repeat to themselves, "I have done my best," the greatest recompense that could be realized.

THE PROBLEM OF SLEEP

BY EDWIN F. BOWERS, M.D.

New York, N. Y.

It isn't to be expected that the trained nurse can know the *modus operandi* that lies hidden behind the murky velvet of the apparent unconsciousness of sleep, nor anybody else for the matter of that, for sleep is, so far, quite as impenetrable a mystery as are gravitation, attraction, cohesion, or any of the other things we discuss so glibly, and so superficially. Yet there are certain outstanding features in connection with sleep, the function, that every nurse should understand.

First, sleep is not the "twin brother to death," as the uninformed poet would have us believe. Sleep is a vital process, more vital, so far as physiological activities and the metabolic functions are concerned, than is the waking state, for it is during sleep that the final process of the conversion of food elements into building pabulum is effected. Sleep is the period of organic reconstruction, when the recuperative functions are most diligent in their repairing; in their straining out the debris; in burning up the insufficiently consumed "end products," and in tranquilizing harried nerves. This puts the function of sleep in an entirely new light, as may readily be perceived.

On an average, most healthy persons require nine hours' sleep in order to be thoroughly recuperated. Women need, and should have, a half hour to an hour more than men of the same age. But this is entirely a matter of the individual's power to recuperate, to restore his oxygen balance, eliminate or burn up his fatigue poisons, and to replace his worn-out cells with fresh tissue pabulum, all of which depends largely upon the depth of sleep. If the sleeping chamber is stuffy and ill-ventilated, no amount of sleep is going to produce the feeling of rest that should come from good sound sleep taken under hygienic conditions. Of course, these hours of sleep named do not apply to children. The rules governing their sleeping must be much more flexible than those applied to adults. Fast-growing children need more sleep than those of slow growth. Children require and should get more sleep in winter than in summer, and vigorous children need less than do delicate ones. As a rough estimate, it might be said that babies can use fifteen to eighteen hours out of every twenty-four, very profitably, in sleeping. This period gradually declines, until at the third year, the child requires about twelve hours. By the sixth year, if left to his own good sensible instincts, he takes about ten hours. Up to the eighteenth or nineteenth year, this ten-hour necessity persists. Growth being by this time attained, the sleep requirements drop an hour or more, and remain there until the advent of that second childhood, age, which reduces the period of reconstruction because the

reconstruction faculty has been reduced. To make children get up before they have had enough sleep to thoroughly refresh them, is a foolish, health-destroying crime against the child, and an insult to nature. There is nothing anybody could possibly do, unless it would be to frighten them with bedtime tales of ghosts or hobgoblins, that reacts more disastrously on the nervous systems of children or youths of either sex than to deprive them of needed sleep, and nothing that will sow the seeds of future nervous instability more surely.

The best time for sleeping is that time that will favor the greatest degree of relaxation. With most people, this is some time during the hours of darkness, when there isn't so much going on to distract the senses of sight and hearing. Just what hours should be devoted to sleeping is not as important as that there should be enough of them. The so-called "beauty sleep," achieved during the hours preceding midnight, are important only because they add to the number of hours which people under ordinary conditions might be supposed to spend in bed. Most people get up at about the same time every morning,—no matter how early or how late they have gone to bed the night before. So there isn't a word of truth in the hoary-headed old fable that one hour of sleep before midnight is worth any two hours after. Sleep is sleep, provided only that it is sound, restful sleep,—whether we get it at 8 o'clock in the evening, 2 o'clock in the morning, or 1 o'clock the next afternoon.

The depth of sleep depends largely upon being undisturbed while trying to sleep. If, for instance, a sleeper be suddenly awakened, there will be a contraction of the blood vessels in the brain, a general rise in pressure, and a quickened flow of blood through the brain. So sensitive is the system to those influences, even during sleep, that a loudly spoken word, a sound, a touch, the action of light, or any other sense impression changes the system of breathing, causes a contraction of the blood vessels in the arm, increases the general blood pressure, produces an increased flow of blood to the brain, and quickens the frequency of the heartbeat. All these disturbances "lighten" the sleep, interfere with the building up of tissue, and retard oxidation, and all the physiological functions of sleep.

From this it will clearly be seen that the practice of sleeping in separate beds, adopted in most modern households, is one of the most health-bringing reforms humanity has ever instituted. A cough, a restless move, a touch, a sigh, a fanfare of snores or groans, the mutterings of a dreamer, the twistings and turnings of an insomniac seeking a more promising sleeping position, all interrupt the function of sleep. Therefore, restlessness of either of the sleepers is communicated to the other. It is disturbing enough, indeed, for two persons

to sleep even in the same room. Every step or squeak or sound, or even the sensation caused by the presence of another person close by, a sensation usually magnified by the subconscious mind, tend to lighten sleep, but to lie within touching distance is infinitely worse.

Every nurse and physician knows how infections, such as colds, "sore throat," coughs, grippe, are acquired by sleeping with one so afflicted. There is no quicker or more effective way to contract any contagious disease than merely to sleep with one who has it. Also, while it may not actually cause disease, it certainly is most unhygienic and unaesthetic to be obliged to breathe the offensive breath of one who suffers from catarrh, decayed teeth, or stomach disorder.

The single bed also permits one to sleep on either side at will. One who has a bed to himself doesn't have to sleep upon his left side, an uncomfortable position for many fleshy people, and for those with any tendency to heart trouble, in order to avoid breathing the poisonous exhalation of his sleeping partner, and when he gets tired of sleeping on one side, he can change to the other at will.

Separate beds also make it possible for each sleeper to gauge the amount of covering according to his individual needs. He uses only what he wants, and no more, or else all he wants, without giving his partner an unsolicited Turkish bath, bedclothes to tuck in about one's self at will, or to be cast off without a thought of discomfort to a companion. The constant exchange of magnetism with one who shares a bed tends also to create apathy and a distaste for contact, and something of the elusive charm and mystery of sex aloofness is brutalized or lost thereby.

For children to sleep with the aged, to whom they constantly lose magnetism and vital force, is a crime against the child. The facts of such loss are admitted by every competent medical man, the principle has been recognized from time immemorial. This same loss in vitality is responsible for much of the nervousness, irritability and weakness that affects American women, for the reasons just mentioned. Dr. George Lenox Curtis, of New York, wrote, some years ago, to the effect that:

Stronger or older persons live at the expense of the weaker or younger with whom they may sleep. One delicate, nervous child I remember, had been treated by a number of physicians, in all sorts of ways. I inquired into her sleep habits; found out she had slept almost from birth with a big robust mother. I ordered the child a room and a bed to itself,—no other treatment. Her improvement began from the very first night. The child thrived, grew well and strong, both in nerve and body. This is only one of a dozen cases I have seen where vigorous, healthy men have sapped the vitality of frail, delicate women, or where older people have systematically robbed younger sleeping mates of health and strength.

While, fortunately, such accidents are not frequent, hundreds of instances are known in which a mother, during sleep, has rolled over

upon her baby or young child, and smothered it. Such an accident is liable to occur at any time, to any mother who sleeps in the same bed with her child.

So separate beds are as necessary as are separate tooth brushes or separate underclothes, or separate anything that is intimate and individual.

It is the duty, as well as the great privilege, of the trained nurse to spread these glad tidings, whenever and wherever opportunity affords, to the end that the sum total of health, happiness and efficiency may be increased among human beings everywhere.

NURSING ETHICS IN THE HOME¹

BY CLARA V. PETERSON, R.N.

Green Gables Sanatorium, Lincoln, Nebraska

We find ethics defined as "the science of conduct" and we are asked to consider the actions of the nurse in the pursuit of her profession in a private home. I may be stretching a point in going back a few hours earlier than the title suggests, but I wish to begin with the time when a nurse answers the call for a case. Irresponsible persons, who do indifferent work, are privileged to work where they wish and when they are in a mood for working, but a nurse who registers and allows herself to be known as one who is doing private duty nursing, gives the community the right to expect of her that she will go where and when she is needed, unless she is physically disqualified. Do not misunderstand me here,—a nurse need not be actually ill to be physically disqualified. One of our primary responsibilities is to keep ourselves well, not from the selfish point of view but from the broadest possible aspect.

They who give little heed to the call of the helpless because it happens not to suit their convenience, who object to out-of-town cases, or say they are expecting company, or declare they have no clean uniforms, seem to forget that the "claim of the nurse to professional status is based largely on service rendered to the public and on controlling educational and ethical principles," that she is practicing a profession and not a trade. She seems to forget, also, that though she is talking with a doctor or a registrar, the call comes from and the answer is made to, the needy one. It is true that upon arrival at the patient's home ideal conditions may not be found, but here again there should be shown the professional, not the commercial, spirit.

The matter of dress and appearance has much to do with making

¹ Read at a meeting of the Nebraska State Nurses' Association, December 3, 1918.

the first impression which, with the patient, is likely to be an enduring one. We hear that nurses sometimes fail to wear their uniform because they are "miles from anywhere" or because "the doctor will not be there for hours." I feel certain that if some nurses could hear the members of the family give an account of their scramble into collar and cap when the doctor's automobile is heard on the driveway, they would make a greater effort to have their appearance neat and attractive. "The suitable uniform is restful to the patient and identifies the nurse in the home as well as in the hospital." And again I quote: "Outside the sick room, except when on duty, the uniform is out of place and the nurse who unnecessarily goes about the street or in any public place in her uniform has lapsed from good standards."

The nurse should not look upon her patient as mere professional material. Whether in the hospital or in the home, "the patient is more than simply a sick man requiring treatment, he is an individual to whom illness has come to disorganize his entire living, all his services and all his responsibilities," while others, especially the members of his family, are caught in this current of ill luck. It is well for the nurse to recall her own thoughts of home before she entered training and to keep in mind that she herself has changed and that she once held ideas similar to those in the minds of her patient and his family.

The position of the nurse in the home is unique; it has no parallel. Who else has the privilege of going quietly into a home and of being, within a few hours, in authority? Who else has the privilege of seeking for and finding whatever she needs with which to do her work properly? People seldom know how much the trained nurse can be expected to do or how much attention she will require, and, although she is there for a certain purpose, and her duties for her patient are fairly well defined, the very nature of her work brings her into such close touch with all of the household arrangements that often she will hardly know where her strictly professional obligations end and where another sort of service should begin. The home is established on the basis of health, and rightly so, for it would not be well for the mind of man to be so cognizant of sickness that every home should be equipped as a hospital. We would not have the people in the home do all the readjusting. The nurse must adjust herself to meet most of the needs of the situation. She must remember that it is the type of illness and not the size of the income which causes a doctor to choose a trained nurse to care for a patient rather than allow a member of the family or a practical nurse to do so. We must keep in mind that often the graduate nurse is called into the home at great material sacrifice, even though it be true that for society as a whole,

it is the greatest economy to employ a graduate. Let us make the most of the privileges we are granted and live up to and elevate the standards set by the ideal nurse.

The charge of extravagance is so often heard that all nurses should give serious thought to measures for guarding against it. Just now when there is so much use made of the practical nurse and the attendant, through the temporary shortage of graduates, the trained nurse cannot afford to let this reputation hold, for the practical nurse, unaccustomed to the generous hospital supply, is usually more careful of the general expense. The true nurse takes pride in being able to substitute for costly appliances whenever necessary. Criticism is often made of the marring of costly furniture by the careless placing of pitchers or basins containing hot water, or by spilling hot water, alcohol or other chemicals. If a solution is spilled on the floor and is not quickly wiped up, it leaves its mark long after the good offices of the nurse are forgotten. The prodigal use of dressings, the careless use of towels and bedding, with failure to use old linen when there is danger that it will be stained, are among other failings of the careless nurse. I have recently heard of two nurses who donned their white uniforms freely and added their laundry bill to their regular charges. Such nurses do more to turn public opinion against their profession than many conscientious nurses can undo.

Is it not true, in many cases, that patients are as much disturbed by their consciousness of the trouble they are making others and by the concurrent expense, as they are by their actual physical discomfort? By her ingenuity in saving unnecessary expense the nurse can, in a measure, hasten her patient's recovery.

Another matter that is important on account of possible legal problems in the adjustment of health insurance claims, etc., is care in charting. Also, as people not only worry but get wrong ideas of a case by reading the bedside notes, the nurse should never allow any eyes but the doctor's and her own to read the history sheets.

The nurse has the privilege of waiting on herself, yet we hear women say they were glad to let the nurse go as she took so much waiting upon. If the head of the house be ill, and the household is generally upset, the nurse should count it her right and her responsibility to offer her assistance in things other than those pertaining to the sick room.

Every nurse knows that often the really difficult problem is in the handling of the relatives and the friends in the home. Sometimes a young graduate may wish to impress those about her with the importance of her training and may endeavor to make the "cousins and the aunts" conscious of the fact that their ideas are passé. Is not this

false dignity? It is far better to adapt herself to the family ways, devote herself to the interests of her patient, and let the assertion of her authority in the sick-room be gradual and almost imperceptible.

In consideration of the nurse as an educator, it is everywhere conceded that public opinion in regard to nursing problems depends more on the private duty nurse than upon any other representative of our profession. Through the intimate relationship to family machinery, the imprint of a nurse's influence is well nigh indelible. The more isolated a nurse is from nursing activities, the greater is her influence. In towns and rural districts, she is certain to be taken as an example by the small daughters of the family and of the neighbor's family as well; her acts and her attitude, as well as her words, will start these young lives upon a wrong or a rational attitude toward the whole question of disease prevention and health preservation.

If the average nurse were more consistent about spending a proper part of each day in rest of body and mind, with recreation for the latter, not waiting till she is off a case to take a long rest, she would be physically fit for duty a greater part of the time,—in other words, she would be more dependable, and the nurse who wins a reputation for dependability has done much for herself and for her profession. Yet we often hear of nurses who are continually complaining to the patient or the family of their little aches and pains. No matter what her sensations are, a nurse should never admit to the patient that she is not in the best of health, until she is ready to give up the case. As a nurse, she must face the fact that the public looks to her as an exponent of health in all its aspects, and if she is physically below par and does not submit to proper treatment, the impression in the lay mind is that she does not know her own work.

A year ago, an acquaintance of mine took a summer cottage by a small lake. She had been there but a few days when her husband became ill and nurses from the nearest city were called to care for him. Later she wrote me, "I recall how worried I was when Miss M. was trying to care for my husband in that cottage—no modern conveniences whatever—and how very much I appreciated her graciousness toward me. She was so sweetly tactful and reminded me that she had spent part of her childhood in a little house without running water, electricity, etc., and that she could manage very nicely. It meant everything to me at that time." Would that more nurses were so "sweetly tactful."

The position of the nurse is altogether what she herself makes it. She is confronted with conditions that require the highest order of work and at times, the actual nursing of her patient is only one of her duties, but there is no task, however unpleasant, that can lessen her dignity if the proper mental attitude is maintained.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

THE CALIFORNIA EIGHT-HOUR LAW FOR WOMEN

BY ANNA C. JAMME, R.N.

The aim of this article is to show how the extension of the Eight Hour Law for Women to include students in training schools for nurses was enacted by the Legislature of California and became law on August 2, 1913, also the immediate reaction it produced on the hospitals, the patients, and the students themselves.

The extension of the Eight Hour Law for Women to include groups, other than those already under its protection, was introduced before the legislature of 1913 by the State Bureau of Labor, and publicity through the newspapers was in progress. A bright, energetic and very human young woman reporter numbered among her friends some student nurses who frequently came to her little apartment on Telegraph Hill, in the artists' section, tired young students, weary with their long hours of duty, seeking some little rest and recuperation of spirit before returning to their patients. This little, energetic reporter, full of plans for the passage of the bill, which would conserve the spirit of women workers in industry, fully overlooked the fagged nurses, until it was brought to her attention by the remark, "Why cannot nurses be brought under the same protection and these long hours of duty shortened by law?" Why not? Instantly the little human reporter saw how it could be done and students in hospitals included in the merciful provision. The Bureau of Labor believed that an amendment to include student nurses would be valuable and introduced a bill that had been drawn by the American Association for Labor Legislation which included hospitals among "other places of employment."

The long hours of duty which caused the actual exploitation of students in public and private hospitals had reached notorious proportions, the greatest offenders being hospitals owned by corporations of physicians, or fraternal organizations, where increased revenue to the hospital from fees paid by patients for special nursing became a recognized thing. Students almost from their entrance into the school were placed on special duty and if particularly adapted by their personality were kept on special duty for the major part of their training. One hospital openly acknowledged that the Board of Direc-

tors counted on a return of at least \$1,000 per month from this special nursing.

The fact that two hospitals had successfully introduced an eight hour day was proof to the promoters of the fact that it could be done, and it was forthwith carried to the legislature with strong support from the Labor party. The opposition was represented by the owners of hospitals, trustees, and superintendents. The ground taken was that students were not in industry, but in a school; that a larger number of students would be required, consequently there would be greater expense to hospitals; that this added expense would have to be met by the patients; that it would deprive the students of a valuable experience in the nursing of private patients; that disciplinary standards would suffer owing to the student having too much leisure time, all of which found little favor when brought up in committee or before a public hearing of joint committees. The bill progressed through committees and reached the Senate, where argument on inclusion of students in hospitals overshadowed all other inclusions in the bill, lasted an entire day, and was brought to an almost unanimous vote at midnight.

The law reads that no female shall be employed in any hospitals for more than eight hours during any one day, nor more than forty-eight hours in any one week, and was framed to include women employed in any mercantile establishment, laundry, hotel, apartment house, etc., where work stops at Saturday noon and is not resumed until Monday morning. The law further reads that the hours of work may be so arranged as to permit the employment of females so that they shall not work more than eight hours during the twenty-four hours of any one day, or forty-eight hours during any one week; "provided, however, that the provisions of this section in relation to hours of employment shall not apply to, nor affect the harvesting, curing, canning nor drying of any variety of perishable fruit, or vegetable, nor to graduate nurses in hospitals." Therefore, the difficulty of adjustment was in applying it to student nurses.

Despite this difficulty, the superintendents of nurses went to work at once and on August 1, when the law became effective, they had their schedules arranged, and every hospital had the plan ready to inaugurate. It was law and it had to be done.

The immediate reaction on the hospitals was necessarily very marked. Students had to be removed from special duty and replaced by graduates. About one-third more students had to be admitted, therefore, more accommodations for the housing of the students had to be provided. The law applied to females employed in hospitals, consequently, maids could not be allowed to work more than eight

hours in one day, nor more than forty-eight hours in one week, so more maids had to be employed, or men were engaged to replace them. It was at first a staggering situation for the hospitals and several small institutions were obliged to close their training schools and employ graduate nurses.

The reaction on the training schools presented some very interesting features. The students in many instances were made to feel the burden of the law, vacations were taken away and there was overcrowding of nurses in homes and dormitories. The exaction of the law was kept unpleasantly before the students and, as might be expected, one frequently heard that the students were more concerned in watching the clock than in attending to their duties, while perhaps a larger number, to their regret, found themselves obliged to leave their patients before their work was accomplished, as the law demanded that they go off duty. There was a feeling of greater freedom, due to more leisure, which at first was not well used. The students had not yet learned how to use their leisure time, but later the establishment of a new curriculum, supervised study, and consideration of their amusement and recreation, brought about a better adjustment. In two large hospitals, time clocks were installed in order to keep record of the hours of duty of each individual student.

The patient on general care was at first impressed by the frequent changes of nurses. Where he had had two, or at most three students during the twenty-four hours to care for him, he now was having not less than four, and oftener a larger number. This was due to the frequent shifts and broken hours which, later, became regulated as better arrangements were worked out. As would be expected in the early months of adjustment, the patient was dissatisfied from a lack of continuity of service. This gradually disappeared under proper management and when change of nurses was judiciously considered.

Strong objection on the part of physicians came from the frequent changes of nurses and the inability to fix responsibility on any one nurse. This was due largely to the method of keeping records and to failure on the part of the nurse going off duty to leave a clear statement on her bedside record. At first physicians ordered special graduate nurses for a great majority of their patients, irrespective of expense. This has gradually been lessened as a better system of general care has been forthcoming and many hospitals now take pride in caring for the larger number of their patients with their student service.

The constitutionality of the law was attacked during the first year, and was carried to the Supreme Court of the United States by the trustees of a hospital in Oakland. The complainants attacked the

act on the grounds that it interfered with liberty of contract and it was asserted that labor in hospitals did not afford a basis for classification; that there was no difference between such labor and "the same kind of labor" performed elsewhere; that the enforcement of the act with respect to student nurses would require the hospital either to cease the operation of the training schools, or to largely increase the number in attendance in order that an equal return in service could be obtained; and such increase would involve a greatly enlarged expense. The complainants made an offer to prove the fact that a woman who was a graduate nurse merely showed that she had completed a course of study for the treatment of the sick, but that the course of study which a woman must take was not prescribed by law nor fixed by custom, but was such as any hospital, or training school might, in the discretion of its governing officers, see fit to prescribe; that the difference between a graduate nurse and an experienced nurse is a difference of technicality and that there is no standard by which this difference can be measured; that graduate nurses working in and employed by hospitals do not ordinarily perform the work of nursing the sick, but act as overseers to assistants to the medical staff.

In the final decision rendered we read, "assuming that these nurses are included the case presented would seem to be decisive in favor of the law, for it appears that these persons on whom rest the burden of immediate attendance upon and nursing of, the patients in the hospital, are also pupils engaged in a course of study and the propriety of legislative protection of women undergoing such a discipline is not open to question."

The law has now been in operation for five years and seven months, during which time it has been enforced by the Bureau of Labor Statistics. The inspectors of the Bureau have not entered a hospital except in case of complaint of infringement. Complaints have been entered by people outside of the hospitals, by patients, and by nurses. It has not been infrequent that discharged probationers, or students, have entered complaints. Investigation has been made and the complaint thoroughly sifted. In some instances this has been of actual help to the superintendent of nurses. In one case, in a large hospital with a heavy operating-room service, from which complaint had been made of continued over-hours of duty, the investigation brought out the fact that a much better system could be established which would relieve the nurses of being on duty over hours and would greatly add to the efficiency of this particular service and, when put into action, this did justify the investigation and very much relieved the situation. The Bureau of Labor has frequently acted in coöperation with the Bureau of Registration of Nurses in determining

what might be called an emergency, and when leniency might be shown during periods of readjustment or special strain.

On the whole, the control has not been harsh nor arbitrary; there has been no spy system, as far as is known, the hospitals are held firmly to the enforcement and while they may disobey for a time, the infringement is usually brought to light. The investigation of complaints has occasionally been made by women and as a rule these investigators have been courteous and have shown comprehension of the work. Although a complaint may be entered against the hospital, the spirit with which the hospital is endeavoring to meet the requirements is, as a rule, taken into consideration. The fact that the law is administered by the Bureau of Labor Statistics does not in any way militate against the school, and it may be safe to say that the majority of students do not to-day know that this Bureau has jurisdiction over the length of their hours of duty. The Bureau of Labor does not tolerate insubordination on the part of the student. In some cases students have been reprimanded by the Commissioner of Labor for entering protests in times of emergency.

The strategic point in the work has been the superintendent of the school. On her alone has rested the responsibility of administration. This has required administrative ability of no mean order. To move her students at proper times and in proper rotation, to maintain the harmonious working of all services, to keep in mind the patient and the student, the former's welfare and comfort and the latter's training, both in class and at the bedside, has taxed her ability, her foresight and leadership to no small degree. The great difficulty has been to arrange the hours to conform with the forty-eight hours a week. The straight eight-hour day, seven days a week, presents little difficulty, but when twenty-four hours must be covered for which the law makes no provision, the arrangement must be made either on a basis of seven hours for six days, or of six hours for one day, or of eight hours for six days and the seventh day off duty. The first arrangement has found greater favor as promoting a continuity of work, although certain hospitals are strong advocates of the last plan of the solid twenty-four hours off duty each week. Each individual hospital of necessity works out its own scheme according to conditions prevailing. Many forms have been tried, found ineffective, put aside, and others taken up. The arrangement of the class schedule and the hour schedule have had to coördinate, compelling the establishment of a master form into which the students of the various classes would fit. This has been especially true of the larger schools of one hundred or more students.

The practical working out of the law during its five years of

existence has shown that it is, in the first place, a possibility, even with the inflexibility of the forty-eight hour week. It has taken time to bring it into smooth running order and into favor. At present many superintendents who were strongly opposed at first, now express satisfaction and unwillingness to go back to the former plan, even should the law be repealed.

The primary object of the law was in the interest of the health and morale of the students, as under the old system there was little, if any, time for rest, recreation, or study. The long apprenticeship of three years was spent almost constantly at the bedside or in other exacting duties. The student paid a very high tuition for a very one-sided training, and the hospital exacted a heavy toll from these young women. Even the time of illness, often brought on by overwork, had to be made up. The social life of the young student was completely submerged by her duties and it was rarely that any provision was made for her recreation or entertainment. Under the present system there is time for class work, study, and recreation. The leisure time, once thought fruitful for mischief, is now, in the most progressive schools, well looked after. The students have time to do their sewing, attend to their wardrobes, and altogether live the life of normal, healthy, and energetic young women.

Admissions to the schools have increased and women of good qualifications have not had to be discouraged by the prospect of long hours of duty. The general health index of students has risen and when the course is completed they are, as a rule, in better physical condition than when they entered the school.

This demonstration of a measure which has now passed well beyond the experimental stage and has given proof that the plan is possible and reasonable, should serve as an encouragement to other states, where students in schools of nursing are still burdened with the severely long hours of difficult duty. Thus the California Bureau of Labor accomplished in one swift stroke what apparently has been thought impossible and in taking hold of the situation has shown conclusively that the eight-hour day for student nurses is wholly practical and reasonable of accomplishment.

THE RED CROSS

BY CLARA D. NOYES, R.N.

Acting Director Department of Nursing

"FOR EXTRAORDINARY HEROISM"

Before the shouts and music of the Victory Parade were out of hearing on Pennsylvania Avenue, on February 27, a dozen people gathered in the gray cannon-guarded State, War, and Navy Building to witness the first official recognition by the United States Government of the bravery and courage of American nurses in France, when Beatrice Mary MacDonald, an American Red Cross nurse assigned to the Army Nurse Corps, received from the hands of Secretary Baker the Distinguished Service Cross "for extraordinary heroism against an armed foe." Miss MacDonald, a graduate of the New York City Hospital, went overseas with the Presbyterian Hospital Unit in 1916, and has served twenty-one months in France and Belgium. While in Evacuation Hospital No. 2, on the night of August 17, 1917, during a German air raid, Miss MacDonald was wounded and lost the sight of her right eye. "Three bombs," writes the Chief Nurse of the Unit, "fell within a few seconds of each other. Two English sisters were also hurt, several orderlies and an English officer were killed, and many of the men were terribly wounded. Miss MacDonald has been very plucky, and her influence and standards here with the unit have been of the highest order." Since her decoration by the Royal British Red Cross and by the British Military Medal "for bravery in the field," Miss MacDonald has been on the "For Valour" list of the Red Cross Nursing Service.

Here and there among American newspapers and translations of foreign publications, the Department of Nursing has found the names of Red Cross nurses who have been decorated by various European governments. Such a list includes the names of Madeleine Jaffray, Florence Bullard, Jennie McKey, Lillian G. Spence, certain members of the Harvard Unit, and many others who have received the Croix de Guerre from the French Government; Eva Jean Parmale, who was decorated with Miss MacDonald by the British Government, and cited by General Pershing for "exceptional conduct"; nurses who have been cited for bravery by General Pershing and Field Marshal Haig, nurses enrolled in "Le Livre d'Or" (for golden deeds), and many others who have received awards from Roumania, Japan, Russia, England, and France.

Such a list can probably never be accurately compiled, surely not

until after peace is an established fact. Even then, this Roll of Honor will be incomplete, for the heroism of many nurses will remain unrecorded save in the hearts of the men who have known the comfort and the inspiration of their presence. The awarding, however, of the Distinguished Service Cross to Miss MacDonald is the first of many such public recognitions which we hope will come in the near future, and which will be, perhaps, the most convincing argument for the award of military rank to members of the Army Nurse Corps.

The Department of Nursing takes this opportunity of expressing to the nurses who have served in the great base hospitals in France, and in the evacuation stations immediately behind the lines within sound of the barrage, as well as to the nurses who have given equally gallant service in the cantonment, naval, and sanitary zone hospitals in this country, and directly under the Red Cross overseas, the deep and sincere pride which it feels in having such names upon the rolls of the Red Cross Nursing Service.

THE NURSING SURVEY

The Nursing Survey, for which the active field work closed on March 1st, reports approximately 150,000 completed questionnaires in the Division and Headquarters offices. The time allotted for the completion of the Military Survey has also been extended to March 15th, and at the close of this period, the Red Cross hopes to have on file for future emergency the entire nursing resources of the nation. The value of such a survey in developing public health nursing which promises to become one of the great post-war activities of the entire country, is inestimable. (The shortage of public health nurses is already a source of national concern.) That the Nursing Survey will show to every community exactly what nursing resources it possesses, and also that it may suggest that local communities select and train nurses whose personality and work have already brought them recognition in their immediate locality, with a view of employing these women for definite public health work later, is only too apparent.

Remembering that this survey is not a draft to duty; that it does not mean enrollment in the Red Cross Nursing Service; but that it is primarily to find and record every woman in the United States who has had training in the care of the sick, so that each community may know where to turn in time of need, and may be prepared for epidemic, flood, fire, and tornado, or national catastrophe of any kind, nurses should, if they have not already done so, fill out their questionnaires and forward them at once to their local committees on the Nursing Survey.

RED CROSS PUBLIC HEALTH SCHOLARSHIPS

The Red Cross has further appropriated \$75,000.00 to equip nurses to enter Public Health work, making the available Red Cross Public Health Scholarship Fund \$100,000.00, with an additional \$10,000.00 Loan Fund. These funds will be administered by the Department of Nursing. The maximum scholarship for an eight months' course of training will be \$600.00, and for a four months' course, \$300.00. These scholarships will be granted on the recommendation of the Red Cross Division Directors of Public Health Nursing, and will be subject to the approval of the Department of Nursing at National Red Cross Headquarters. Additional recommendations will also be made from the Joint Committee representing the three national organizations of nursing through their representatives at the Red Cross Bureau of Information in New York City.

Applications of all nurses who meet the requirements, both educational and professional, will be considered for these scholarships. The Scholarship and Loan Fund of \$30,000 first granted by the Red Cross requires that nurses accepting this assistance should serve under the Red Cross Bureau of Public Health Nursing for the period of one year. While the \$75,000.00 appropriation is unrestricted, any nurse accepting such funds will also be given full information concerning the Public Health Nursing Service of the Red Cross, and choice of service will be given her. Any further detailed information about these scholarships may be secured from the Red Cross Bureau of Information, New York City, or from National Red Cross Headquarters, Washington, D. C.

The Red Cross has recently been requested by the Surgeon General of the U. S. Public Health to prepare ten nurses for work with venereal diseases, and has already recommended that a sufficient sum be set aside from the unrestricted Public Health Scholarship Fund to equip these nurses.

ASSIGNMENTS OF NURSES TO FOREIGN RELIEF COMMISSIONS

Near East Commission.—Fifty-four Red Cross nurses assigned by the Bureau of Field Nursing Service sailed on the *Leviathan*, February 16, with the American Committee for Armenian and Syrian Relief. Mrs. Anna E. Rothrock, a graduate of the Boston City Hospital and later superintendent of nurses of the Union Hospital, Fall River, Mass., has been appointed Chief Nurse of this Unit.

Red Cross Commission to Siberia.—A recent call has come from the Red Cross Commissioner in Siberia for thirty nurses and twenty-five nurses' aids, to supplement the nursing personnel in Siberia.

RED CROSS BUREAU OF INFORMATION

The Bureau of Information at 44 East 23rd Street, New York City, to which all nurses are invited to come as they are released from military service, is an exceedingly busy place these days. Over 1,000 nurses recently returned from war duty, the large majority from overseas, have passed through this office, and it is of decided interest to hear their stories. An effort is being made to interest these nurses in community needs, and also to call attention to the provision made by the Red Cross to enable nurses to enter Public Health work.

The physical condition of the nurses is in the majority of cases good. There seems, however, to be evidence of an altered attitude of mind toward the type of work formerly done by the nurses. Those who have been questioned report the same tendency as that felt on the part of the returning soldiers, whose minds have been broadened by their foreign experiences, and who do not seem willing to go back to the tedious and detailed work of shop and factory. The nurses who have done private work do not seem to wish to return to this type of service. The majority of nurses, at first, express disinclination toward nursing of any type. They are tired, both physically and nervously, their principal desire is to "get home and rest!" Such a longing, after their experience overseas is easily understood, but the present indications are that after a few weeks' rest, they write to the Bureau of Information: "I thought I didn't want to work, but I feel that after all I must get into some form of service."

UNITED STATES PUBLIC HEALTH SERVICE

In the March issue of the JOURNAL, mention was made of the proposed extension of the Marine Hospitals operating under the U. S. Public Health Service. For some time the Red Cross Department of Nursing has been assigning nurses to these hospitals, at the request of Surgeon General Blue, and up to the present time ninety nurses, in many cases married women, who have been debarred from military service because their husbands are in the Army and the Navy, have been assigned.

A bill has recently been passed by Congress transferring to the U. S. Public Health Service a number of the Army Base Hospitals with their full equipment, and providing for others to be built in Cook County, Illinois; Dawson Springs, Kentucky; Norfolk, Va., and Washington, D. C. The hospitals which have already been established are to be enlarged about 100 per cent. There are now twenty-three of these institutions ranging from twenty-five to two hundred and fifty beds' capacity. The plan at present is to put a skeleton organization in each hospital, and as the need arises, to supplement the

nursing staff with whatever additions may be necessary. Surgeon General Blue estimates that approximately seven hundred and fifty nurses will be needed eventually.

These nurses will be given a base pay of \$60.00 a month, with a \$10.00 increase after the first thirty days' service, with quarters, subsistence and laundry. Chief nurses will receive a base pay of \$80.00 a month, with \$10.00 increase. In the majority of the hospitals, quarters are already provided for the nurses, but where this is not the case, the U. S. Public Health service proposes to erect special quarters and every possible consideration which will promote their comfort and well-being is to be given.

As many of the hospitals are very active, surgically, and have extensive X-ray departments and Eye, Ear, Nose and Throat service, and are modern in every way, this promises to be one of the major opportunities open to nurses within the near future, and with so many of our nurses returning from military service, there should be little difficulty in securing the desired number for these hospitals. Upon the request of the U. S. Public Health Service, these vacancies will all be filled through the Red Cross Bureau of Field Nursing Service; nurses interested in such service are urged to notify the Red Cross, stating their date of availability for service. It must be understood, however, that while every possible effort will be made to give to the nurses the assignments which they prefer, it is necessary that they accept appointment where, in the judgment of the Service, they are most needed.

RED CROSS SERVICE BADGES

The Red Cross Service Badge, of blue enamel with a Red Cross upon a field pendant upon a blue ribbon striped with white to indicate every additional six months' service, was designed by the War Council of the Red Cross as a recognition of the services of thousands of devoted women during the war. A button pin, a smaller reproduction of the same design, denotes the services which men may have rendered. The Red Cross has recently decided that this badge is available to nurses who have served the Red Cross for the required 800 hours of service, dating from the entrance of the United States into the war on April 6, 1917, to the signing of the treaty of peace. From these requirements, it would appear that Red Cross nurses in the service of the Army, the Navy, and the U. S. Public Health Service are not included, but the Red Cross has voted that all nurses meeting the above requirements, and assigned by the Red Cross would be eligible for this Badge.

It is hoped that in the near future, the Government will adopt a special medal for the nurses who have served under its auspices during the war.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINA L. DOCK, R.N.

THE FLORENCE NIGHTINGALE SCHOOL IN FRANCE

BY GRACE ELLISON¹

For over seventeen years now, the teaching of Florence Nightingale has been put into practice at the Maison de Sante Protestante, Bordeaux, and to a woman of British origin, Dr. Anna Hamilton, is due the honor of introducing the work of our great British pioneer into France.

Up to the time of the separation of the French Church and State, French nursing had been almost exclusively in the hands of the nuns; but, unfortunately, the nuns were allowed to leave France before there was time to train other women to take their place.

It was in the year 1900 that Dr. Anna Hamilton presented, at the University of Montpellier, the most brilliant and complete thesis of the year—a thesis which had taken her three years to write. During the years that she had studied for her medical degree and walked the hospitals at Marseilles and Montpellier, she was struck by the unnecessary suffering of the patients, first of all from bad nursing, and, secondly, from being considered as specimens from which students were to learn their profession, rather than as sick and suffering mortals. Dr. A. Hamilton was born at Florence, the birthplace of Florence Nightingale, and had from an early age read and digested the "Notes on Nursing" and all the writings of Florence Nightingale that she could procure. She was therefore soon awake to the many reforms necessary in French hospital life, and particularly to the need of educated women of high moral character to complete the work of the doctors, as nurses. Accordingly she chose as the subject of her thesis, "Hospital Nurses," making several journeys to England in order to study the question first-hand and to give chapter and verse for all her statements. The thesis is a history of nursing from the fourth century up to the present day, showing the disadvantage of nursing being in the hands of either nuns or deaconesses; also the faults in the teaching of the existing French lay schools and the French Red Cross. Then it introduces the Florence Nightingale system of nursing as the only system which can give the best results.

¹ Miss Ellison is an Englishwoman who founded the French Flag Nursing Corps of English nurses, which was supervised by Mrs. Bedford Fenwick. Miss Ellison is now on her way to this country.—Ed.

Dr. Hamilton then set to work to find a hospital where she could introduce the principles of Florence Nightingale, and an opportunity presented itself in the Protestant Hospital, Bordeaux, where she became and is still the resident physician and superintendent of the hospital.

To start the nursing school she brought Miss Elston from England. Her task has not been an easy one—no pioneer work is easy—and for many years it was hard to find French women of education who would undertake to become professional nurses, without the protection of a nun's veil to shield them from the criticism to which such persons taking up a profession like nursing are exposed, even to-day, in France. But the work of Dr. Hamilton is becoming known in France as it is known in the United States, and it is gratifying to see the American medical and nursing delegations as they land in Bordeaux, come to pay their respects to the founder of the Florence Nightingale nursing school in France.

When Dr. Hamilton first expressed her ideas about nursing, few took the trouble to follow such revolutionary ideas. Now, however, she has had an opportunity of showing what she can do, and not only has she turned her hospital into one that can vie with any of our British hospitals for cleanliness, comfort and good nursing, but she has trained educated women as first-class nurses.

In 1914, a splendid gift was made through Dr. Hamilton by a lady in Bordeaux, Mdlle. Elizabeth Bosc, who during her lifetime had taken the keenest interest in the training of nurses, and watched the work gradually extending. On her death, her beautiful house and domain of sixteen acres, with a farm and the flowers and fruit trees, were left to the hospital to build a much enlarged hospital and school. Mdlle. Bosc felt what a necessary work it was to train good nurses, and she wanted to double the number; she felt, also, what a fine thing it would be for the poor of Bordeaux and the foreign sailors, for whom the Protestant Hospital was originally built, to enjoy the fine fresh air and beautiful surroundings of the home she loved. But funds were needed to build the hospital; war broke out, and money became very scarce. Yet such a good and necessary work must and will find support. Which country will have the privilege of setting this scheme on foot—Florence Nightingale's native land or the United States of America, where her teaching is best put into practice?

American delegates have come to France to help in all good works, and above all to help France to help herself; they have come to start dispensaries to fight the great white plague tuberculosis, to care for the orphans and refugees—perhaps they have already seen that for all these works they must have trained nurses.

The professional value of the school is incontestable. Besides the tribute paid by the American experts, Misses Dock and Nutting, we have the opinion of the greatest living nursing expert, Mrs. Bedford Fenwick, who has visited the site of the future school. She writes:

The work is a wonderful educational work, and it would be of the greatest benefit as a standard of nursing in France. The school should not only be extended, but imitated in other localities, and we imagine no greater work connected with reconstruction than the provision of thoroughly qualified French nurses.

Dr. Hamilton is naturally proud of this professional appreciation from the pen of a woman who for forty years has never ceased to defend the interests of nursing.

Dr. Hamilton is a naturalized Frenchwoman. Her mother is French, and her uncle, the celebrated French Protestant preacher, Leon Pilatte, is the founder of the "Eglise Libre." On her father's side she descends from the Scotch Hamiltons, and to her great-grandfather, General Sir Wm. Ponsonby, a monument has been erected by public subscription in St. Paul's Cathedral for his services on the field of Waterloo. We feel sure that if the need of help to enlarge her hospital were better known, help would be sent to her at once. Who will help in this work of mercy?

THE RED CROSS CHATAUQUA PROGRAMME

The Department of Nursing of the American Red Cross is still energetically searching out Red Cross nurses who would be interested in becoming "Wandering Troubadours of Health." The service will be for June, July, and August, and the itineraries extend from New England to the Miami, across the fertile corn belt to the Rocky Mountains, blazing pioneer trails through the coast towns of Texas and Arizona, up through the Royal Gorge, northwestward to the lumber camps of Washington and Oregon, and down to the great fruit country of southern California.

If the spell of the "open road" comes upon you, if you want to go out through little towns and hamlets, among audiences which have come down the mountains bringing their families in ox-carts, with the hogs and cow following along behind, to hear you, among "rich men, poor men, beggar-men," the Department of Nursing at Red Cross National headquarters, Washington, D. C., will be glad to consider your applications and qualifications for such service. All nurses who have had overseas experience are preferred, as it immediately establishes a point of interest in the minds of the audience.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

Collaborators: Mary A. Mackay, R.N., Superintendent, Visiting Nurse Association, Denver, Colorado; Mrs. Helen LaMalle, Supervising Nurse, Metropolitan Life Insurance Company, New York City.

The American Association for the Study and Prevention of Infant Mortality has changed its name to "The American Child Hygiene Association," a title much more useable than the old one, and one suggesting a much larger field of work. Doctor S. Josephine Baker of the New York City Health Department is the president for the year 1919.

Ohio.—Annie J. Cunningham is being employed by the Ohio Society for the Prevention of Tuberculosis to undertake special work in the rural schools. She will spend from six weeks to two months in various counties of the state, making physical examinations of the school children and organizing the community for public health work. The work has the approval of the State Department of Health and the State Superintendent of Public Instruction and will be under the direction of Helena R. Stewart, Director of Public Health Nursing of the State Department of Health. Miss Cunningham has, for the past year, been the Public Health Nurse in Bellefontaine, Ohio. Upon entering her duties there she was accorded the unique honor of being elected an honorary member of the Logan County Medical Society. When she resigned her position, she was accorded the further honor of being elected an honorary life member of the County Society.

Canton.—Lela Grey Goddard, formerly with the Visiting Nurse Association of Chicago and Red Cross Visiting Nurse for Cuyuga Falls, has accepted the position of Superintendent of the Children's Aid Society of Canton. This Society does all the visiting nurse work for Canton. Miss Goddard has a staff of three nurses.

Wisconsin.—Myra W. Kimball, formerly School Nurse in Green Bay, Wisconsin, is now Supervisor of Nurses in the Health Department of LaCrosse. The staff consists of three graduate nurses and three pupil nurses and the city is divided into three districts in which general public health nursing is done.

Illinois, Chicago.—The Elizabeth McCormick Memorial Fund has just published a most attractive little booklet called "The Well Baby Primer," written by Dr. Caroline Hedger and intended for use in classes in Americanization of foreign-born mothers. On the cover a very striking picture of a beautiful baby climbing a ladder, presumably towards perfect health, makes the book seem unusually inter-

esting. Instructions to the teachers who will use the book are given on the inside of the cover and each page contains one lesson. The book is set up in regular primer fashion with a picture and a list of the new words at the top and pertinent sentences about the baby filling the rest of the page as the reading lesson. One of the teachers who has already started to use the book says it has made a great impression on the mothers, who feel that they can't learn to read it all fast enough. Another book of interest to child welfare nurses and all who teach Little Mothers' Leagues is a small booklet entitled "Children Well and Happy," written by May Bliss Dickinson, R.N., and published under the auspices of the Massachusetts State Federation of Women's Clubs. This book is written for girls who read English fairly well, and each chapter makes one interesting lesson. The foreword is written by Mrs. Samuel W. McCall of Massachusetts.

A course of eleven lectures on current events, on Wednesday evenings from 5:30 to 6:30, is being given at the Chicago School of Civics and Philanthropy. Registration for the first lecture was so large that it was almost necessary to divide the class, as two hundred students, among them many Visiting and Infant Welfare nurses, are taking the course.

Connecticut.—Margaret K. Stack, formerly Supervisor of the New Haven Visiting Nurse Association, is now Field Director in the Child Welfare Department of the Connecticut State Council of Defense. Her headquarters are in the State Capitol, Hartford.

New Haven.—The New Haven Visiting Nurse Association has recently received in a very substantial manner, the hearty endorsement of the public spirited community of which it is a very important unit. In response to the presentation of a budget of \$82,000, the probable expense for the effective administration of the Association during 1919, a campaign for funds was held from January 13th to 16th inclusive. From the first contribution of a dime, from a tuberculosis boy patient, to the several of five thousand dollars each, a splendid spirit prevailed, and the gratifying total of \$107,000 at the end of the third day, manifested an enthusiastic support, that undoubtedly represented the value placed upon the service rendered in behalf of public health.

The unusually large attendance at the 13th Annual Meeting of the New Haven Visiting Nurse Association, held in United Church Chapel, on January 22, was very gratifying, in that it showed a steadily increasing interest in Public Health work, and in the growth and development of the local association. It was a most interesting meeting. The nurses had had a year of work surprising in volume, and stimulating in its variety, quality and accomplishment. The series

of charts, explained concisely and clearly by Mrs. C. E. A. Winslow, chairman of the Nurses' Committee, demonstrated the activity of each department, General, Tuberculosis, and Child Welfare, and impressed the audience with the growth of the work of the Association during the thirteen years of its existence. Lillian Prudden, President of the Association, reviewed the work of the year, with special emphasis upon the baby saving campaign and the influenza epidemic, both unlooked-for incidents in the established routine, and both presenting problems which the outline for the future must decide and answer. A report by Mary Grace Hills, Superintendent of Nurses, was made very effective by the aid of stereoptican views, showing conditions in many homes where the nurses are giving an all embracing care to families in which there may be one or more sick and where the educational work is by no means the least of their duties.

Reports by the Secretary and Treasurer showed the Association to be in a flourishing condition. The most gratifying incident of the meeting was the announcement by Helen Porter that a new home for the Association had been purchased, the whole amount for which had been given by members of the Board of Managers and six others who were greatly interested in Public Health work.

Through the generosity of the Woman's Committee of the Connecticut State Council of Defense, the Child Welfare Department of the Connecticut State Council of Defense was given \$1,900 to be used for scholarships to train registered nurses in Public Health Nursing. These scholarships were to be awarded on the condition that the recipients return to Connecticut and work one year in some of the towns that are waiting for trained Public Health nurses before starting their work. The fund was sufficient to provide eight scholarships, but because many of the applicants did not have the necessary qualifications, and some who were eligible sent their applications in too late to be considered, only five were awarded, to the following nurses: Beatrice Olson, Naugatuck, Conn.; Marjorie Vail, Hartford, Conn.; Helen Sheils, New Haven, Conn.; Jean Manning, New Haven, Conn.; Sara Keevers, New Britain, Conn.

These nurses went to Boston January 31st, where they will take the four months' course given under the joint management of Simmons College and the Instructive District Nurses Association. Connecticut is very fortunate in being able to award these scholarships. It is the beginning of the realization of one of the aims of the Child Welfare Department; namely, to have a public health nurse in every town or group of towns.

DEPARTMENT OF HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

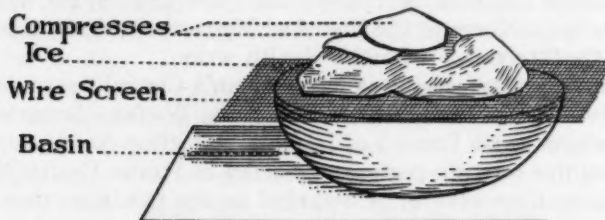
IN CHARGE OF
ALICE SHEPARD GILMAN, R.N.

IMPROVISED HOLDER FOR ICE COMPRESSES

By A. B. DeNIORD, R.N.

New practical ideas, however small, may mean much when put into actual practice. One of these ideas which has proven its value is the simple improvement in the equipment necessary for the proper method of using ice compresses.

In addition to the small basin, ice, and compresses, a square of wire screening is used, cut sufficiently large to cover the basin over which it is placed. This wire may be taken from an old discarded window screen, the rust and tarnish being covered with one coating of silver bronze.



The rough edges of this square are neatly turned under and are darned down by a running stitch of heavy string or twine. Each small screen may be marked with its ward and number, as, for instance, fifth floor, Fletcher Hall, F. V. The square of wire holds the piece of ice, which must be no larger than the small enamel basin over which the wire screen is fitted.

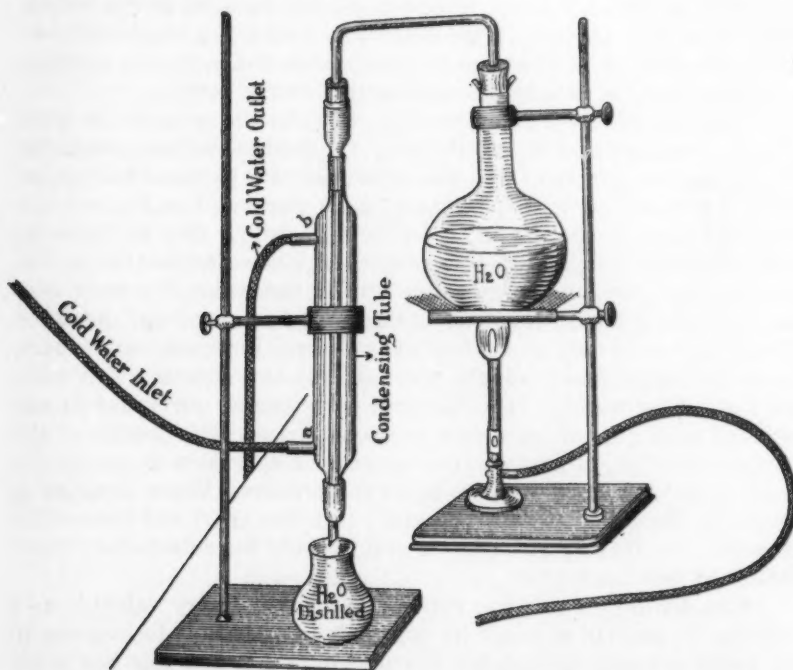
The compresses are placed on the ice and, when needed, are removed and applied to the part affected. With this method of using compresses, the trial of disagreeable dripping edges has been abolished. The screen holds the unmelted ice free from the water, thus economizing on the ice itself. The compresses are not so apt to slip from the ice and cannot slide into the basin of water. In simple cases the patient can change his own compresses merely by removing one from the ice, for it is not necessary to wring out water from them.

And so this rather insignificant though indispensable square of screening has, by actual use, proven its worth in economy, neatness of appearance, and general convenience.

A PRACTICAL DISTILLING APPARATUS

BY ELSA SCHMIDT, B.S., R.N.

Most of our schools of nursing are not endowed with very elastic funds for procuring adequate laboratory equipment for the teaching of the scientific subjects in the preliminary course and, primarily for this reason, inexpensive, simple devices must take the place of expensive apparatus. The simple outfit here described has been used at the City Hospital School of Nursing, Blackwell's Island, and has been found very satisfactory.



The accompanying diagram illustrates the method of putting the apparatus together. The flask containing the water for distillation is tightly stoppered with a perforated rubber stopper into which a 12-inch piece of glass tubing is snugly fitted. This glass tube is bent at a suitable angle and is connected with the condensing tube. The Bunsen burner is placed under the metal ring, which is securely fastened to the support. The flask, likewise clamped tightly to the ringstand, is placed upon a piece of wire gauze which serves to spread the heat given off from the flame of the Bunsen burner. The con-

densing tube consists of two glass tubes, the inner for the purpose of receiving the evaporated water, and the outer, surrounding completely the inner, containing a constant flow of cold water, admitted through a piece of rubber tubing at "a," while a second piece of rubber tubing forms the outlet at "b." In this way the evaporated water in the inner glass tube is readily cooled and is again transferred to its liquid state. The condensing tube may be clamped to the same support as the flask or to a second one, as illustrated in the diagram.

To distil water for experimental, as well as practical, purposes the flask is filled with water, which is quickly brought to the boiling point. The first portion of the distillate, containing the volatile or gaseous impurities, such as chlorine, ammonia and hydrogen sulphide is rejected, and the balance is collected in a sterile bottle.

From an educational standpoint, this distilling outfit is quite valuable. Being an all glass structure, it furnishes the best means for illustrating in a practical way the principles of a physical change, as the students can observe the change from the liquid to the gaseous state, and back to the liquid, in a substance which they all know so well. Moreover, it illustrates the method of water purification by distillation in a very vivid way, especially if the water has been contaminated by colored, dissolved organic matter, suspended particles of insoluble material, and other gaseous and inorganic substances. The entire apparatus is readily put together and occupies very little space in the laboratory. The different parts can be purchased in any chemical supply house at a very moderate price. The quality of the resulting product is perfect and the cost of operation is practically nothing, as very little gas is used in the process. When cleaning is necessary, the different parts can easily be taken apart and thoroughly cleansed. No further attention is required for the satisfactory functioning of this apparatus.

This distilling outfit has not only been found very valuable as a teaching device, but through its use we have been able to prepare all the distilled water needed for teaching purposes and this has made us, at least in this respect, entirely independent of the hospital supply.

AN IMPROVED BLACKBOARD

BY ELSA SCHMIDT, B.S., R.N.

The problem of obtaining sufficient blackboard space for effective teaching is an ever present one in most of our schools. Portable blackboards are expensive, are never large enough, and often the surfaces are of such a nature that it is almost impossible to use chalk effectively upon them.

To overcome this difficulty, the City Hospital School of Nursing, Blackwell's Island, New York, has resorted to a new measure, especially suitable for laboratories, where space is often limited.

The laboratory of this school had one portable blackboard, which was used both for teaching dietetics and for the laboratory work in anatomy, bacteriology, chemistry and solutions. In addition to being always in the way when not actually in use, it was quite inadequate in size and frequently, owing to its great ease of portability, it was not found when really needed.

The following scheme was successfully carried out: The so-called "handy man" of the Nurses' Home marked off an area of 5 by 1½ yards on one of the free surfaces of the four walls. This space was carefully sandpapered and immediately after received its first coat of black paint, prepared with oil, which served as a foundation. After 24 hours, another layer of the black color followed, (this time without oil) and finally, in two more days, the black brush completed, from every standpoint, a perfect blackboard. It is important to use oil only for the first coat of paint; the paint for the other two layers must be prepared with turpentine in order to obtain a dull finish. The total cost of our blackboard space of 64.5 square feet was 75 cents.

This has been found a perfectly smooth, steady and convenient surface upon which to write many laboratory directions, to draw diagrams and illustrations of almost any size, and a splendid means for at least four students to be working out problems in solutions, all at the same time. Also, a blackboard of this type occupies no space and costs very little. Its frame never has to be revarnished nor repaired in any other way, and it can never be borrowed.

THE DEATH OF MISS LUCKES

As we close our pages, too late for insertion of the notice in our editorial pages, we learn of the death, in England, on February 16, of Miss Eva E. C. Luckes, one of the outstanding figures in the nursing world. Miss Luckes had been Matron of the London Hospital for nearly forty years and had, by her high ideals, both for work and character, graduated hundreds of nurses who looked to her as a friend and inspiration. She kept in touch with them as they went about their work in the world, and each one thought twice before doing anything of which she would not approve. There are thousands who will mourn her going and who will miss her keenly.

Miss Luckes did not hold the views which are held by most of our American superintendents in regard to nursing organizations, registration, etc., but she did her duty as she saw it, and was a fine, true woman and an exceptional leader.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

The British Medical Journal publishes a preliminary report of the work of a number of army medical officers in France. Three of them, Major General Sir J. R. Bradford, Captain E. F. Bashford, and Captain J. A. Wilson, are authorities whose names carry great weight. Working in the hospitals of Etaples they believe that they have isolated the source of infection in trench fever, influenza and nephritis, also that of other diseases including mumps, measles and typhus fever. If the hopes which have been aroused are justified, the discovery may be the greatest in medicine since the days of Lister and Pasteur.

DISINFECTION OF WOUNDS BY ANTISEPTIC VAPOR.—The Paris letter of the *Journal of the American Medical Association* describes a new method of disinfecting wounds by means of a current of gas charged with an antiseptic vapor. The current may be ordinary air charged with an ether vapor to which a volatile antiseptic is added, such as phenol, camphor or oil of geranium. In some cases air mixed with half its volume of oxygen and saturated with ether vapor was used. Through an apparatus the medicated ether vapor is brought into contact with the wound surface. The treatment is continuous day and night. The infected wound is usually cleaned up in 24 to 48 hours, even when the infection has resisted the usual methods of treatment.

CANCER OF THE SKIN.—A writer in the *New York Medical Journal* believes that nearly every case of cancer of the skin can be cured permanently. Small lesions can be removed by caustics, roentgen rays, radium or fulguration; larger lesions by the same methods of surgery. Different cases require varying means.

ETHER ANESTHESIA BY RECTUM.—*The Journal of the American Medical Association* in a synopsis of an article in a French journal, says that Monod has applied this technic in thirty cases and the results were so fine, he recommends it as a reliable method when conditions indicate this procedure. He never had an accident in the thirty cases, while the security and tranquility of the patient were most propitious for the operation. This method seems to avoid the cardio-pulmonary reflexes, the congestion of the lungs and the nausea. The ether was administered by a nurse beforehand, like an ordinary enema.

SUGAR IN TUBERCULOSIS.—Some of the foreign medical journals describe the administration of sugar by intramuscular injection in the

treatment of pulmonary tuberculosis. Its usefulness seems to be when the acute stage is over, but profuse expectoration and night sweats continue, with little fever but great debility and emaciation. Small doses of sugar promote secretion, as that of milk in women, a comparatively large amount reduces or corrects secretions. The injection is rather painful and a small amount of cocain is used. A compress dipped in a thick solution of sugar is applied to check superficial or deep hemorrhages.

CAMPHOR IN HEMOPTYSIS.—A Norwegian medical journal reports great benefit from the injection of 3 c.c. of 20 per cent camphorated oil in cases of hemoptysis. The hemorrhage stopped at once with no other measure except in two cases when the limbs were bandaged to expel the blood, as the hemorrhage had been profuse. The same treatment was effective in a case of severe epistaxis; no tampon was used.

COCOA-COLA.—*The Journal of the American Medical Association* says it is difficult to avoid the conclusion that the unrestricted use of cocoa-cola must be injurious. An analysis declares it to contain from 0.92 to 1.30 grains of caffein to the fluid ounce. It would seem that in the interest of the public health, the indiscriminate sale to children and adults of an alkaloid like caffein in the enticing form of a soft drink, should be deprecated.

DESTRUCTION OF ROACHES.—In a Farmer's Bulletin, No. 648, issued by the United States Department of Agriculture, it is stated that the most effectual means of exterminating roaches is by the use of a powder of 50 per cent of sodium fluorid and the same amount of flour or starch. It is used in the same way as other insect powders, forced into crevices, sprinkled around drain pipes, etc.

PROTECTION IN IRRIGATING EYE.—*The Journal of the American Medical Association* has a cut of a simple device to protect the clothing when the eye is being irrigated. A half-moon to fit around the eye from the nose to the temple is cut from one end of a piece of adhesive plaster. The lower corners can then be turned up to form a point, or funnel, through which the irrigating fluid is drained away, instead of running down to the ear and neck.

LETTERS TO THE EDITOR

Note: The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

LETTERS FROM NURSES IN SERVICE

I.

WITH THE ARMY OF OCCUPATION

(Extracts from a personal letter)

Dear ———: Here I am now, belonging to the Army of Occupation. We wear the insignia on our coat sleeves. We left the base hospital at 11 p. m. on February 8. We were quite sad all the afternoon, but we had a wonderful send-off. Nearly all the nurses came to the train, and the Chief Nurse and the Colonel, and crowds of corps boys. We were driven in ambulances to the depot and really got off comfortably. My suit case is a joke, never again will I buy such a big one. I can't always get a helping hand. I know you would have laughed to see us one afternoon when we got out of the train at M., cold, dirty, etc., and had to go down two flights of stairs with a suit case in one hand, knapsacks on our backs, and in the other hand a big parcel and a lunch basket. We would not have been so loaded but, to our surprise, we had to report to Red Cross headquarters in Paris, Monday morning, and they gave us a warm trench coat (rain coat with woolen lining), two blue jersey dresses, so warm and nice to wear off duty, a nice blue jersey waist, another blue silk waist (mine was nearly in rags, patched, etc.), six new aprons, collars and cuffs. All this had to be carried somehow, so we bought knapsacks, which is the easiest way of carrying bundles. To go back to Saturday night, we slept fairly well, sitting up, of course, but first class carriages, as we are considered officers. It was bitterly cold. We reached Paris at 9 a. m. and all thirty managed to get taxis to our nice hostess house, the Petrograd Hotel. We could not live without the Y. M. and the Y. W. these days. Though very late, it was then ten o'clock, they hurried around and gave us hot chocolate, omelette and rolls. In the afternoon we went to the Albert Theatre to hear Miss Margaret Slattery speak to all women war workers, on "The hour is come." She told us that though the war is over, it is no time to hurry home till our work is done. Monday morning we spent in getting our equipment and in the afternoon four of us went to the Louvre. At 7 p. m. we left for C. The train was packed, but our friends fixed us up as best they could, two officers and six nurses in one carriage. It was dark when we went through Rheims and Chateau Thierry district, but we saw lots of things the next morning, — houses in all forms of ruin, shell holes, barbed wire, etc. We arrived at C. at midnight, Wednesday, but it was 3 a. m. before we were located. We drove around in huge army trucks and were billeted two at a time in German homes. They sent two sergeants with us to get us located. The billets are all inspected and under American control. We are not allowed to buy anything; we have army food. Most people understand a little English. The houses are spotlessly clean. That evening we went to a masquerade circus by our own boys, but we were in bed by 10 p. m. and glad to be there. This is a great life if you don't weaken. On Thursday morning we went off to see the Kaiser's palace. I have never seen such furniture and collections of things from all parts of the world. New rules have been arranged with regard to the Germans, we are not to speak to them except in the line of duty, are not to buy anything except such necessities

as soles for your shoes. The Americans have taken over a laundry and we shall be charged fixed prices for our personal clothes. We left C. at 2:30 p. m. in ambulances. It was a bitterly cold day, so we put on everything we possibly could, and then were only warm. We drove about thirty miles right up the Rhine, arriving at 6 p. m. and had a nice welcome and were taken straight to supper, very good, well cooked and piping hot. It is nice to be about 45 to meals, instead of 300. We have excellent food and whether it is change of air or not, everybody is so hungry. We appear to rank as officers now and we do appreciate our good treatment. But there are always disadvantages; we are to be absolutely military and are not to speak to corps men or patients except in line of duty. We can share the Y. M. theatre, but we must sit with the officers, not with the boys. We are, of course, most anxious to do well. At present we have but 400 patients, but there are 1000 beds, so you can guess how many men there are here. We are in a small city surrounded by hills, the hospital itself is a huge hotel. The new part was only finished in 1916 for the German men to enjoy after the war. It had never been used and when the men arrived last week, they found carpets and all tapestries up. It is spotlessly clean, all doors white, skirting, picture rails, etc. There are only five floors. I am in charge of one; it has twenty rooms, each room has doors into the hall and into the adjoining rooms, it is just fine from a nurse's point of view, and yet each room can be isolated if you wish. There are 79 beds on this floor, six in some rooms, but mostly three. There are beautiful wall papers, of course the carpets are removed. There are running water, wardrobes with full-length mirrors, beautiful lamp shades, electric bells, colored lights outside each door. The halls have flower boxes, and it is so warm. I never expected to work in such a beautiful place. The home is quite small, has only been open three days, and only the dining room and one sitting room are heated. The Major says if stoves cannot be put in our rooms he will have us moved, but we do not worry, we only sleep there. Most of the cases are pneumonia and gripe and alas! the death rate is high at present because so many of the boys have had a slight attack of gas and their lungs cannot resist pneumonia. The air is dry and cold and they get excellent food and care.

M.

II.

WITH THE RED CROSS IN MANCHURIA

Dear Editor: An article which I read recently about Florence Nightingale appeals to me partly because the Crimean War was in Russia and I am now in Siberia, but mostly because as I look upon the members of our unit, women from China, England, Japan and America, I know that thousands of other women are caring for the wounded all over the world, and I think how much we owe that beautiful, cultured woman who went like an angel to the Crimean War. By her example the nursing profession of to-day has been able to send hundreds of thousands of women to all parts of the world, even the remotest corners, who feel that they are doing the will of God by being a help to mankind. By her foresightedness, the wonderful world-reaching army of the Red Cross gives alms to millions of sufferers, not only to wounded soldiers, but to women old and young and to little children. We, too, see the British troops marching into Russia. In fact, it has been my privilege to have seen Chinese, Japanese, English, French, Czech-Slovaks, Russian and American, as well as a few Belgian troops, march in this war. I also have seen and nursed German prisoners of war and strange as it may seem, as patients we hardly knew the difference. Our Red Cross goes equally to all, as He who died on the Cross gave His life that all mankind might

be saved. Traveling in the 20th century cannot be compared to that of Miss Nightingale's time, ordinarily, but traveling in Russia to-day would "appal most women," but in our case, as in Florence Nightingale's, it inspires us. Hospitals in the east are not like those anywhere else, in the best of times, but during the war times they are truly "horrible." Conditions are somewhat improved since the days of post horses, open cess pools, and sewer gas, but in war work, where we depend on old barracks for hospitals, we do find rats and vermin of all kinds, and in these foreign lands, the biting fleas. We do not have to scrub floors or do the ward washing yet, but we do much harder work; we have no trained orderlies to do this work for us. The doctors and officers do not object to us. We have cooperation on all hands. Times have changed in this respect since the war days in which Florence Nightingale toiled so nobly. Doctors have learned to appreciate us, and we love and respect them, our generals. Feeding the wounded is, and always will be, a problem, I believe. Patients from different nations never will be able to partake of the same menu. In war times we cannot specialize and foodstuffs are scarce and expensive. How happy Miss Nightingale would be if she could but behold her heart's desire fulfilled in the organization of supplies. Supplies, stores, and clothing are wonderfully and abundantly furnished, thanks to our American Red Cross organization at Washington, and to the conscientious, faithful, devoted women in the homes of our motherlands. Thanks, again, to the organization, nurses of to-day do not work twenty hours a day. But it is needless to say we all work overtime, but when we know we are really serving, it is only play, not work. Encouraging and cheering the sick and wounded is our part in the war work to-day, as much as in Florence Nightingale's time. In fact it has even a larger scope than simply cheering the sick at heart, as is every good nurse's duty in war time or in peace; to-day Red Cross nurses are a large instrument in the propaganda work of nations. One of our greatest duties is to make these foreigners understand our ways. This is particularly hard where a different language is spoken, but it is interesting to see how, by some little kindness, a heart may be touched, and a smile won, without a word being spoken. The spirit of love is universal. When we know that God is Father of us all, we do not need to wonder. We do not aim to have our patients' gratitude; our aim is to save every life that we are able to, so that that soul may live to thank Him who taught us to be kind. Personally, every one of us prays to God that He will spare us to help those who fall, that humanity may stand, and to keep us all pure and good, faithful to the last; so shall we make the nursing profession a living monument to her who strove so patiently, so beautifully.

G. P. C.

(Written on Night Duty, somewhere in Siberia.)

WHAT SHALL WE DO?

Dear Editor: I have been reading with a good deal of interest the proposals for shortening the period of training for nurses, and thus making them more available for the person of small income. This discussion raises several questions of vital importance to nurses. One of the best articles on this subject was written by Edna L. Foley, superintendent of the Chicago Visiting Nurse Association, for the *Chicago Tribune*. Miss Foley, who knows nursing problems in Chicago, stated that any solution of the problem would have to deal with the fact that less than 6 per cent of the people of Chicago paid an income tax. That statement startled me! An income tax these days starts at a pretty low figure. We paid one, and we have to count our pennies. So I know from experience

that some of that 6 per cent who are paying an income tax are not riotously rich. Now we live in what is commonly called a democracy—and by that we vaguely imagine it to be a place where there is the greatest good to the greatest number, and so a statement like this about the income tax should make us all think. If the percentages were reversed and 90 per cent were paying an income tax and only 6 per cent were in poverty, we should still have something to think about. Frankly, what this proposed legislation means, in fact, is that we shall not think, but accept, the facts set forth and, on the basis of those damning facts, adjust our standards to the "God of things as they are." The present standards of training and training schools were built up as the result of hard labor coupled with vision on the part of the pioneers in our profession. However, this is not the worst part of the proposed innovation, its viciousness lies in the fact that we would be recognizing and accepting classes. The rich are not always seriously ill, every time they are sick, nor are the poor always afflicted with just minor troubles, so it is difficult to see how these differently trained groups would differentiate among their patients. Then again it often happens that even a practical nurse loses as much sleep as a trained one, so her work is just as hard, even if it is not as well done. Are we ready to commercialize our profession? to say, if you have the money you will get the care, if not, we have provided a substitute for you. Is the medical profession to be asked to tamper with its standards in order to supply cheap doctors for this 94 per cent of our people? If our Americanism can accept any such levelling of our standards to meet the needs of a permanently submerged class, then we are indeed hopeless. While such conditions prevail they are a challenge to us. Nothing else is worth thinking or talking about until we change these percentages in our economic life. If we have industrial autocracy, let us get rid of it; if we do not, we may be sure it will get rid of us, and this plea for legislation to permit the lowering of our standards is the entering wedge of that autocracy that will destroy the standards, not only of the nursing profession, but of every other group within our nation. Let us keep our standards, and turn our attention toward some other solution of the problem of providing nursing care for the submerged 94 per cent of our population. I don't want to sit supinely among the prosperous 6 per cent and lower my standards to cover up the ghastly inequalities of our economic system.

Iowa

F. O. B.

NURSING AMONG THE INDIANS

Dear Editor: Away up in the northeastern corner of New Mexico, on an Indian reservation, are 13,000 Navajo Indians. There is a small missionary hospital there, and three missionaries, one of whom is a nurse. When the influenza swept over the reservation, carrying death and desolation with it, all patients that could be accommodated were cared for in the hospital, and it was full to overflowing, by the nurse, the teacher, and the missionary in charge. Day and night they worked. When the wards were empty, the nurse went on horseback for days to the hogans, carrying dressings, comfort, medicines, and sympathy to those poor souls who are beginning to know God through her ministrations. Hers is not an easy position, for a doctor is not to be had often, and the tribes still use their own medicine men, who do not look with kindness on the medicines and treatments of our nurse. I want to tell you of their Christmas celebration. It was a very cold day and they did not expect many Indians in at the Mission, but their preparations went on just the same. They cut down a tree and dragged

it to the hospital and trimmed it. By eleven o'clock, hundreds of men, women, and children filled the place; some had come as far as 30 miles for the celebration. How little we appreciate our blessings in comparison with these. First they had a religious service, simple and beautiful, then a dinner was served, and then they gathered round the tree, sang carols, and a present of some sort was found for every one. They all went away happy, which is a rare thing in their sad lives. The next day the nurse took presents and food to the influenza sufferers in their hogans and returned radiant because she had been able to cheer so many. Is that not the true spirit of Christmas?

A. L. D.

INSTRUCTION IN HYGIENE FOR SCHOOL CHILDREN

Dear Editor: Every woman should know something about nursing. The ignorance along these lines among the educated, well-to-do is simply appalling. Why not have a course of nursing principles, similar to the course in "Elementary Hygiene and Home Care of the Sick," given now by the Red Cross, taught in the Public Schools? This should be made compulsory in the eighth grade and in the first year of high school. This ought to insure better hygiene in the homes within a generation, and would be of inestimable help during an epidemic.

Nebraska

REGISTERED NURSE.

DOMESTIC SERVICE

Dear Editor: I attended, recently, a meeting called by the United States Employment Bureau at which various organizations were represented. A speaker from the Bureau stated that she had on file 350 calls for domestics and could only fill 7, that day. She also stated that she has three problems to cope with: (1) Lack of domestic servants; (2) The middle-aged woman wanting employment and not wanted by the employer; (3) Untrained workers asking for clerical work, those incapable of being clerical workers, but who decline to be anything else. The first problem was discussed from many standpoints. Statistics show the remarkable fact that only six hundred servant girls have landed in New York City during the past four years. Young women who, before the war, were contented in domestic service, have been drawn into men's work by the war conditions and refuse to go back into domestic service; that is, to "live in." They have had a taste of independence and they say they do not intend to return to the subservient life of a domestic. They are willing to work by the day at housework, but they wish to go home at night, and, really, who could blame them? They are willing to work in factories for less money, rather than return into so-called service. From the standpoint of the employers, people of moderate incomes, who live in small apartments, it would seem as though a regular servant would be unobtainable and the employer must be contented with four or five hours of work a day from a visiting helper. We, of the small income group, may be compelled to resort to a cafeteria for a dinner, after a day's work, if servants are unobtainable. It is not such a bad idea, either. Cafeterias, as run in the large cities on the Pacific Slope, are very attractive places; one gets good hot food at medium prices. One to every block in the apartment-house section of New York City would make us fairly independent of cooks; our laundry work could go out, and a woman could come in once a week to clean. This may be the condition a few months hence. Some apartment houses are dismissing the female operators on elevators and switch-boards to give the jobs to returned soldiers. What will become of these discharged women? Perhaps, later on, they will be

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glad to return to domestic service. The Young Women's Christian Association and many other such organizations are opening courses in housekeeping, and college girls, even, are expected to enter the classes. The graduates will be called "Home Assistants," an attractive title. The second problem is that of the middle-aged woman; she usually has trouble with her eyes and the employer does not want poor eye-sight. As a remedy,—coax her, bribe her, drive her, to get correct glasses and to wear them, and her eyes are restored. She also walks lame and gets tired; drive her again to an orthopedic shoe store and have her properly shod, and now her walking usefulness is restored. She has experience, she has had her pleasures, she is interested in practical things, so why should she not be useful to her employer? We must educate the public to want middle-aged women, they are often of more value than younger ones, who have not had time to appreciate the values of life, who are seeking pleasure and are only interested in their work, with a view to pay day. The third problem is that of the untrained clerical worker. Grammar school girls graduate at the age of fourteen and a half. Some of them have set their hearts on being clerical workers in an office. They may even take a business course, and the teacher may take their money, knowing that the pupil cannot graduate as a first class clerical worker. Now our part, as Social Workers, is to convince these girls, in the first place, that they should go to high school, that they should take the two weeks' test given by a trade school where the girls are tried out in various lines of work. If a girl feels she has not time for high school get her a clerkship if possible, but by all means aim at high school; even if she only gets one year, it is better than none. Skilled labor is *always* in demand and now the time has arrived when the public will pay well for the simplest help if it is satisfactory help in every sense of the word.

JOSEPHINE HILL,
Social Service Worker.

Harlem Hospital, New York.

THE EIGHT-HOUR DAY

Dear Editor: I am a nurse, graduate and registered, with twenty years of actual experience. During this time I have been a night nurse many times and am doing night duty at the present time, twelve hours of duty. In the January number of the JOURNAL, I see the eight-hour day for nurses discussed, but the night nurse is left out entirely. Why not give the eight-hour time to both pupil and graduate nurse, in all kinds of hospitals? The Federal law will soon require women to work not more than eight hours per day, and then the schedule will have to be arranged accordingly. If night nurses do not protest against the long hours, they will be considered satisfied with their long working hours. I, for one, advocate the eight-hour day for all nurses. It will, indeed, increase the expense of the hospital, but I notice the hospital does not do without food, nor medicine, just because the prices have increased. Nurses are human beings, and if the profession is to progress, the hours of duty must be shortened.

Delaware

A. H.

(The plea for an eight-hour day, published in the January JOURNAL, included provision for the night nurse, page 295.—Ed.)

RANK FOR NURSES

To the Presidents, Officers and Members of State Associations:

On January 28, 1919, as a result of the mid-year conference of its directors in New York City, the American Nurses' Association through its secretary, Katharine DeWitt, wrote the presidents of all the state associations asking their

immediate coöperation in the matter of the Lewis-Raker bill for relative rank for army nurses. Specifically it asked for the state associations' help in the formation of state-wide committees on rank, and for the securing of \$250 by each committee for the national work being conducted from Washington, in case the bill should not be passed before March 4 by the 65th Congress. The replies that have been received indicate that many of the state associations have interpreted the letter as asking for the formation of a committee on rank *within the state associations of nurses, to be composed entirely of nurses and financed by the treasuries of the state associations.* In view of this misunderstanding by some of the associations and the further fact that others have not yet replied at all, it seems wise to make a restatement as to the work for rank. The campaign for the Lewis-Raker bill for relative rank is being conducted and directed by an organization quite separate and distinct from any nursing organization, namely, the National Committee to Secure Rank for Nurses, of which Honorable William Howard Taft is Honorary Chairman and Helen Hoy Greeley, of the New York bar, secretary and counsel. This National Committee is the outgrowth of the work done for rank in 1917-18 by the Committee on Nursing of the Council of National Defense, whose membership is known to all JOURNAL readers, and by the New York City committee of lay women, of which Mrs. Greeley was one of the most active members. It has the complete confidence and the constant advice and coöperation of all the nursing authorities and officers. It includes in its membership and on its executive board the presidents of the national nursing organizations, Clara D. Noyes, S. Lillian Clayton and Mary Beard; and in addition, Jane A. Delano, M. Adelaide Nutting, Ella Phillips Crandall and Annie W. Goodrich. The National Committee's plan of organization and its method of work for the Lewis-Raker bill have the endorsement and hearty support of the directors of the American Nurses' Association. The National Committee's plan for organization was described in Miss DeWitt's letter and was as follows:

1. That the state-wide committees to be formed should be *the state branches of the National (Taft) Committee to Secure Rank for nurses,*
2. That these state committees should be *composed about evenly of lay persons and nurses,* the chairman preferably to be a lay person, either a man or a woman.
3. That this state committee should have a large enough membership to provide a chairman for each of the congressional districts within the state and small committees on Resolutions, Publicity and Finance. (In some states a committee of fifteen would be adequate; in other states the committee would need to consist of from 50 to 100 members.)
4. That the state committee raise enough money *through voluntary subscriptions to finance its own work and to contribute a quota of \$250 for the 1919 campaign, to the national headquarters in Washington, payable as soon after March 4, 1919, as possible.*

From this it will be seen that it was not the plan of the National Committee that the nurses should confine their efforts to bodies of nurses or put the financial burden entirely upon the treasuries of nursing organizations. The reason for the A. N. A.'s appeal to the State Nurses' Associations on behalf of the National (Taft) Committee was *the pressing need for the immediate organization of state committees and the desire to save time and labor.* The National Committee, up to January 28, the date of Miss DeWitt's letter, had succeeded in organizing twelve state committees; but this result was obtained only through laborious and protracted correspondence. It was felt that the officers of state

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nursing associations with their wide acquaintance throughout their states would be familiar with the lay public interested in hospital and nursing matters and would, therefore, probably be able to find *at once* the right lay person for the chairmanship of a state committee and the prosecution of the campaign in the state's several congressional districts. Thus through their help both funds and time could be conserved. Accordingly, as President of the American Nurses' Association I wish again to call the attention of the state associations to this very important matter and to urge that they immediately set to work to secure the coöperation of interested lay persons in the formation of state-wide committees that will actively support the National (Taft) Committee in its work to secure the passage of this bill early in the extra session of the 66th Congress, whenever that shall be called. I further wish to impress upon them that the formation of these committees and their contribution of the quota of \$250 each to the National Committee are *absolute essentials* to the success of this bill. No chain is stronger than its weakest link. *Not a single state association can be spared.* Every one's energetic assistance is needed forthwith. Will you not therefore take this matter up immediately? Will you not straightway canvass the interested lay public of your state for a suitable chairman? Will you not appoint a number of nurses with initiative to help the chairman in the development of the committee? Will you not act promptly that the state committee may be in working order by May 1st and the National Committee be assured of funds? That the Army Nurse Corps is to-day an integral part of the Regular Army is due to the vision and labor of those who served amid unspeakable disorganization in the Spanish-American war. When they came home, they faced opposition, prejudice and unbelief until they broke them all down and wrote this provision into our laws. They stopped short of asking rank for the army nurse because they were weary and because they hoped it would come naturally, without struggle. To-day they regret their optimism. They realize that whom the gods reward they first make work. Experience is a good teacher. *She instructs us that rank is essential to the most efficient functioning of the Army Nurse Corps, not only, but to the dignity of our womanhood, whether at the battle front in a world war or in a reconstruction hospital of an American cantonment.* Every boat load of returning nurses piles up the evidence of the soundness of our demand for rank. Work then for rank for nurses and work without ceasing until it too shall have been written into the laws.

CLARA D. NOYES,

President, American Nurses' Association.

Vice Chairman, National Committee to Secure Rank for Nurses.

TOO LATE FOR CLASSIFICATION

The Michigan State Nurses' Association will hold its annual meeting at the Battle Creek Sanitarium, Battle Creek, Mich., April 28, 29, and 30, next.

NURSING NEWS AND ANNOUNCEMENTS

THE AMERICAN NURSES' ASSOCIATION

The chairman of the Committee on Revision, Sarah E. Sly, Birmingham, Mich., asks that in states where reorganization is not complete, the persons or committees working on such plans should communicate with her before completing their plans or having their new by-laws printed. Each association is reminded that its by-laws should be approved by the national committee. If they have written and received no reply, they are asked to write again, as letters sometimes go astray. The other members of the Committee are Helen F. Greaney, Philadelphia, and the secretary of the American Nurses' Association. The following plan for alumnae by-laws has been drawn up by the national committee as a suggested form which complies with the requirements of the reorganization. If an association is incorporated, its articles of incorporation take the place of a constitution and should be printed with the by-laws.

Suggested Plan for Alumnae By-Laws to Conform to the Plan of Reorganization of the American Nurses' Association

CONSTITUTION

ARTICLE I—NAME

This association shall be known as.....

ARTICLE II—OBJECT

Section 1.—For mutual help and improvement in professional work and for promotion of good fellowship among the graduates of this school.

Sec. 2.—For the advancement of the interests of the..... training school for nurses.

Sec. 3.—(Where there are districts).—In coöperation with District Association No. of the State Nurses' Association and the American Nurses' Association, to work for the promotion of the professional and educational advancement of nursing.

ARTICLE III—MEMBERSHIP

Section 1.—Graduates of the training school for nurses in good standing are eligible for membership which shall consist of two classes: active or resident, and non-resident members.

(a) Active members shall be those who are residing in the district of which this alumnae association is a part. This membership includes membership in District No., in the State Nurses' Association, and in the American Nurses' Association.

(b) Non-resident members are those whose residence is not in District No. (Former members who are permanently located elsewhere).

Sec. 2.—Honorary membership may be conferred on persons who have rendered service to this alumnae association and whom its members wish to honor and confers social privileges only.

Sec. 3.—Nurses desiring to become members of this association shall fill out an application form provided by the Association and shall send it with dues for the first year to the secretary.

ARTICLE IV—OFFICERS

Section 1.—The officers of this association shall be President, a First Vice-President, a Second Vice-President, a Secretary, a Treasurer, and four Directors.

Sec. 2.—These nine officers shall constitute a Board of Directors.

Sec. 3.—All officers shall be elected by ballot at the annual meeting and shall continue in office one year or until their successors are elected.

ARTICLE V—MEETINGS

Section 1.—The annual meeting shall be held in each year.

Sec. 2.—Regular meetings shall be held

Sec. 3.—Special meetings may be called by the president or on request of ten members of the association.

ARTICLE VI—AMENDMENTS

This constitution may be amended at any annual meeting by a two-thirds vote of the members present provided a copy of the proposed amendments has been sent to each member at least ten days before the meeting.

BY-LAWS

ARTICLE I—DUES

Section 1.—The annual dues for active members shall be \$..... payable in advance, which shall include dues to District Association No., to the State Association, and to the American Nurses' Association.

Sec. 2.—The annual dues for non-resident members shall be \$.....

Sec. 3.—Members failing to pay dues before shall be at once notified by the treasurer and those not paying before shall forfeit the rights of membership and their names shall be taken from the roll of members.

Sec. 4.—Members who have been dropped for non-payment of dues may be reinstated by the payment of dues for the current year.

ARTICLE II—DUTIES OF OFFICERS

Section 1.—The regular term of office shall commence with the adjournment of the annual meeting at which they were elected.

Sec. 2.—The duties of all officers shall be such as are implied by their respective titles and such as are specified in these by-laws.

Sec. 3.—The secretary shall receive and present all applications for membership, keep an accurate classified list of the membership of the association, with the address of each member, and on the day of shall take from the roll of members the names of all whose dues have not been paid. She shall notify officers of their election and committees of their appointment, notify the members of the time and place of all special meetings, and in general conduct the correspondence of the association. She shall send to the secretary of District No. of the State Nurses' Association the names and addresses of all active members immediately after their election. She shall order all stationery and printing as recommended by the association.

Sec. 4.—The treasurer shall collect all dues, shall pay all bills upon warrant signed by the president and keep a record of all money received and expended.

On the day of she shall pay to the treasurer of District No. the annual dues of per capita for active members on the basis of membership taken

Sec. 5.—The books of the treasurer shall be audited.

Sec. 6.—The secretary and the treasurer shall each give a written report at the annual meeting.

Sec. 7.—The Board of Directors shall act upon all applications for membership, shall investigate all charges against members, and shall transact the business of the association in the interim between meetings.

ARTICLE III—COMMITTEES

Section 1.—There shall be standing committees of not less than three members each, namely: Programme, Nominating, and These committees shall be elected by the members at each annual meeting. (Such other committees may be added as are necessary.)

Sec. 2.—The Programme Committee shall include the secretary and shall arrange a programme for the meetings of the year and shall send important notices and news of the association to THE AMERICAN JOURNAL OF NURSING.

Sec. 3.—The Nominating Committee shall prepare a ticket of nominations consisting of one or more names for each office to be filled and who have consented to serve if elected, a copy of which shall be presented at the annual meeting.

ARTICLE IV—VOTING BODY

The voting body shall consist of the active members of the Association in good standing.

ARTICLE V—QUORUM

Section 1.—Two officers and five members shall constitute a quorum for the transaction of business at any regular meeting.

Sec. 2.—Three members shall constitute a quorum for a meeting of the Board of Directors.

ARTICLE VI—ORDER OF BUSINESS

The order of business at any regular meeting shall be: Call to Order; Reading of Minutes; Reports of Officers; Reports of Standing Committees and Special Committees; Unfinished Business; Communications; New Business; (at an annual meeting) Election of Officers and of Standing Committees.

ARTICLE VII—FISCAL YEAR

The fiscal year of this association shall be the calendar year.

ARTICLE VIII—PARLIAMENTARY AUTHORITY

The rules of parliamentary procedure comprised in Parliamentary Usage for Women's Clubs, by Mrs. Emma A. Fox, shall be the authority of all meetings of this association, and of the Board of Directors, subject to special rules which may at any time be adopted.

ARTICLE IX—AMENDMENTS

Section 1.—By-laws may be amended, adopted or repealed at any annual meeting by a two-thirds vote of the members present provided notice of the changes has been mailed to all members at least ten days previous to the meeting.

Sec. 2.—By-laws may be amended at any meeting without previous notice by a unanimous vote of all present.

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REPORT OF NURSES' RELIEF FUND, FEBRUARY, 1919

Receipts

Previously acknowledged	\$3,376.80
Interest on bonds	45.00
A public health nurse	12.50
Broad Street Hospital Association, Oneida, N. Y.	5.00
Asbury Hospital Alumnae Association, Minneapolis.	25.00
Individual members, Rochester General Hospital Alumnae: K. Weldner Mrs. Lindsay Russ, Lucy Bailey, K. Asseltine, Grace Coleman, \$1.00 each; Carlotta Hermann, \$2.00	7.00
Jessie Broadhurst, Oneida, N. Y.	5.00
Etta Trichler, Altoona, Kansas	5.00
Susan Voorhees, Jacksonville, Fla.	2.00
Individual Members of the Monmouth Memorial Hospital Alumnae Asso- ciation, Long Branch, N. J.: Mrs. Scott, Minnie Ireland, Lillian W. Bloodgood, \$1.00 each	3.00
Helen F. Greaney, Philadelphia	5.00
Bozeman Deaconess Hospital Alumnae Association, Bozeman, Montana. .	15.00
Chattanooga District Nurses' Association, Tennessee.	25.00
Alumnae Association of New York City Training School, New York City	25.00
California State Nurses' Association, Mrs. Janette F. Peterson, Chairman	21.00
Alumnae Association, Illinois Training School, Chicago.	50.00
Nurses' Auxiliary of Altoona Hospital, Altoona, Pa.	10.00
Alumnae Association Central Maine General Hospital, Lewiston, Me. . .	10.00

\$3,647.30*Disbursements*

Application approved, No. 2, 38th payment.	\$10.00
Application approved, No. 5, 25th payment.	20.00
Application approved, No. 6, 34th payment.	15.00
Application approved, No. 7, 28th payment.	15.00
Application approved, No. 11, 25th payment.	15.00
Application approved, No. 14, 13th payment.	15.00
Application approved, No. 15, 8th payment.	15.00
Application approved, No. 16, 5th payment.	20.00
Application approved, No. 17, 1st payment.	15.00
Application approved, No. 18, 1st payment.	50.00
Exchange on cheques30
Stationery, Styles and Cash	18.50

\$3,438.50

13 Bonds	13,000.00
2 Certificates of stock	2,000.00
6 Liberty bonds	6,000.00

Balance March 1, 1919\$24,438.50

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, R. N., Treasurer.

THE NATIONAL LEAGUE OF NURSING EDUCATION

The Congress Hotel, Michigan Avenue, Chicago, has been chosen for headquarters for the annual convention to be held the fourth week in June. Other hotels recommended by the committee are: The Blackstone, The Auditorium, Hotel LaSalle, Hotel Sherman. Members are urged to make early hotel reservations.

BENA M. HENDERSON, Chairman Arrangements Committee.

ARMY NURSE CORPS

It gives us much pleasure to announce that, in consequence of recommendation of the Surgeon General, Beatrice M. MacDonald has been and Helen Grace McClelland and Isabel Stambaugh will be awarded the distinguished service cross by the War Department.

The War Department authorizes publication of the following:

"By direction of the President, under the provisions of the act of Congress approved July 9, 1918, the distinguished-service cross is awarded to:

"Miss Beatrice MacDonald, reserve nurse, Army Nurse Corps, for extraordinary heroism while on duty with the surgical team at the British Casualty Clearing Station No. 61, British Area. During a German night air raid she continued at her post of duty, caring for the sick and wounded until seriously wounded by a German bomb, thereby losing one eye.

"Remarks of the Secretary of War at presentation of distinguished-service medal and crosses, February 27, 1919:

"On the present occasion I have the pleasure of conferring one distinguished-service cross and some distinguished-service medals.

"The distinguished-service cross was established in our service as a reward for conspicuous gallantry, and for the most part is nearly always conferred in the field of action where the battling armies are. The fortunes of war, however, took some of our personnel into association with the British Armies, and among those who had an opportunity there to display distinguished gallantry, some were wounded and returned to this country before the proper assessment of their service could be made on the other side. One such case is presented to-day, and, in the name of the Government of the United States, and on behalf of the Army, I have the honor to award that cross. It is interesting to note that this cross is to be conferred upon a woman and a nurse. This war has, of course, taken the nurses, who are the ministers of mercy, up to the very front lines of battle, and because of the carrying of the war into the third dimension, the airplane has, of course, made their task more perilous.

"In the case we have before us Miss Beatrice MacDonald, reserve nurse, Army Nurse Corps, for extraordinary heroism while on duty with the surgical team at the British Casualty Clearing Station No. 61, British Area. During a German night air raid she continued at her post of duty caring for the sick and wounded until seriously wounded by a German bomb, thereby losing one eye.

"It gives me great pleasure in conferring this cross to say that the Army of the United States is under deep obligation to the nurses who served so gallantly and so faithfully; that our losses in this way were so slight, relatively, is undoubtedly due to the fidelity, self-sacrifice, and heroism of the women of the Nurse Corps who ministered to our wounded at the very front."

The above ceremony, which was very dignified and impressive, was witnessed by the following members of the nursing profession: Miss Noyes, president of

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the American Nurses' Association; Miss Beard, president of the National Organization for Public Health Nursing; Miss Goodrich, Dean of the Army School of Nursing; Anna C. Maxwell, principal of the Training School for Nurses of the Presbyterian Hospital, New York City; Miss Rutley and Miss Bell, assistant superintendents, Army Nurse Corps and Miss Thompson, superintendent, Army Nurse Corps.

Miss MacDonald, who sailed for Europe shortly after the declaration of war, with U. S. Army Base Hospital No. 2, is a graduate of the New York City Training School, Blackwell's Island, New York. Since graduation she has served as surgical assistant with Dr. George E. Brewer, New York City. After Miss MacDonald's injury, at her own request, she remained on duty with the American Expeditionary Forces, serving as Chief Nurse with Evacuation Hospital No. 2, for a period of nine months.

As Nurses Helen McClelland and Isabel Stambaugh were still serving overseas, their decoration will be presented later. General Ireland in his recommendation of these nurses made the following statement:

"Miss Helen G. McClelland, Reserve Nurse, Army Nurse Corps, Base Hospital No. 10 (Philadelphia, U. S. A.), occupied the same tent with Miss MacDonald, cared for her when wounded, stopped hemorrhage from her wounds, under fire caused by bombs from German aeroplanes, while on duty with the surgical team at British Casualty Clearing Station No. 61. Both these nurses, it is understood, were mentioned in despatches by Field Marshal Sir Douglas Haig, January 1, 1918.

"Miss Isabel Stambaugh, Reserve Nurse, Army Nurse Corps, Base Hospital No. 10 (Philadelphia, U. S. A.), while with a surgical team at a British Casualty Clearing Station during the big German drive of March 21, 1918, in front of Amiens, France, was seriously wounded by shell fire from German aeroplanes."

Miss McClelland is a graduate of Pennsylvania Hospital, Philadelphia, Pa., and sailed for Europe with U. S. Army Base Hospital No. 10.

Miss Stambaugh is a graduate of the Presbyterian Hospital, Philadelphia, Pa., and later served for two years as head operating nurse at same hospital. She also was a member of U. S. Army Base Hospital No. 10.

The revenue bill which was recently enacted authorizes the issue of a sixty-dollar bonus to all officers, nurses and enlisted men, under the following provisions:

"That all persons serving in the military or naval forces of the United States during the present war who have since April 6, 1917, resigned or been discharged under honorable conditions (or, in the case of reservists, been placed on inactive duty), or who at any time hereafter (but not later than the termination of the current enlistment or term of service) in the case of the enlisted personnel and female nurses, or within one year after the termination of the present war in the case of officers, may resign or be discharged under honorable conditions (or, in the case of reservists, be placed on inactive duty), shall be paid, in addition to all other amounts due them in pursuance of law, \$60 each. This amount shall not be paid (1) to any person who though appointed or inducted into the military or naval forces on or prior to November 11, 1918, had not reported for duty at his station on or prior to such date; or (2) to any person who has already received one month's pay under the provisions of section 9 of the act entitled, 'An act to authorize the President to increase temporarily the military establishment of the United States,' approved May 18, 1917; or (3) to any person who is entitled to retired pay; or (4) to the heirs or legal representatives of any person entitled to

any payment under this section who has died or may die before receiving such payment. In the case of any person who, subsequent to separation from the service as above specified, has been appointed or inducted into the military or naval forces of the United States, and has been or is again separated from the service as above specified, only one payment of \$60 shall be made. The above amount, in the case of separation from the service on or prior to the passage of this act, shall be paid as soon as practicable after the passage of this act, and, in the case of separation from the service after the passage of this act, shall be paid at the time of such separation. The amounts herein provided for shall be paid out of the appropriation for 'pay of the Army' and 'pay of the Navy,' respectively, by such disbursing officers as may be designated by the Secretary of War and the Secretary of the Navy. The Secretary of War and the Secretary of the Navy, respectively, shall make all regulations necessary for the enforcement of the provisions of this section.

"All persons separated from active military service after receipt of these instructions who are entitled to the bonus of \$60 provided for in the act quoted will be credited with and paid such bonus upon their final pay vouchers. In the event that they have been separated from active service prior to receipt of these instructions, but have not yet received final pay, the disbursing officer making final settlement will include and pay the bonus of \$60 in making such settlement. Disbursing officers making payment of \$60 bonus in connection with final settlement will make indorsement in each case on the discharge certificate or discharge order, if no certificate is issued, of each person showing specifically that such bonus was paid."

"Persons separated from active military service from April 6, 1917, to date of receipt of these instructions, who are entitled to the bonus, and who have received their final pay, are directed to forward claim for such bonus to the zone finance officer, Lemon building, in this city, who is designated to settle such claims. These applicants are directed that their applications must contain: (a) The discharge or relief, if no certificate was issued, but both certificate and order if both were issued, the paper bearing indorsement of final payment being required; (b) a statement of all military service since April 6, 1917, showing place and date of reporting at first military station, and (c) address to which check is to be sent. When settlement is made all personal papers will be returned to applicant with check. No further correspondence is necessary, except to advise of change in address of applicant. No other disbursing officers are authorized to pay claims covered by this paragraph."

The revenue bill also provides that pay not to exceed \$3,500 received during the present war by persons in the military or naval forces of the United States, as salary or compensation in any form from United States for active service in such forces, shall be exempt from income tax.

The chief nurses' pay which was inadvertently reduced in the Army appropriation bill which passed Congress July 9, 1918, has been corrected by changing the clause "chief nurses, \$120 in addition to the pay of a nurse" to "chief nurses, \$360 in addition to pay of a nurse. This will be retroactive and effective as on and from July 9, 1918.

During February, 984 nurses have been relieved from active service in the military establishment; 497 nurses returned from overseas. The nursing personnel of Base Hospitals No. 2, 18, 29, 23, and 37 were among this number.

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HONOR ROLL

Died in the Service of Their Country

Sophia Ellen Morrison	February 10, 1919	United States
Eva Taylor	February 26, 1919	United States
Jessie P. Baldwin	February 6, 1919	Europe
Felicita W. Hecht	February 3, 1919	Europe
Carmelite O'Conner	February 13, 1919	Europe
Dorothy Koelliner	February 10, 1919	Europe
Gertrude O'Conner	February 9, 1919	Europe

DORA E. THOMPSON,

Superintendent, Army Nurse Corps.

THE DEPARTMENT OF NURSING AND HEALTH, ALUMNAE
REUNION, TEACHERS' COLLEGE

This department was most ably represented in the first general meeting on February 21, by Prof. Annie W. Goodrich, Dean of the Army School of Nursing, who told of the Nursing Program of the Army. Miss Goodrich is one of our most loved leaders. No other person could have gathered about her the well equipped women who have helped so markedly in establishing this unique school. The Army plans to continue the School, expecting thereby to raise the status of the army hospitals, since all agree that the best nursing is done where there is an enthusiastic student body. Miss Goodrich says that militarism, if not killed, is at least not the monastic institution of the past. It would seem that a grateful government could not do less than bestow upon Miss Goodrich an insignia of rank which would be commensurate with her achievement in organizing this Army School. The conferences of February 22, as well as the luncheon of that day, were unusually well attended. Miss Nutting, in the opening address, stated that the nursing problems of the past year, though extraordinarily heavy, had been on the whole, well met. There has at no time been a shortage of trained nurses for overseas service, although transportation has not always been adequate. The shortage of nurses during the epidemic was inevitable. There was a shortage of physicians, druggists, drugs, undertakers, and grave diggers. To be able to meet the demand of such a time would mean that thousands of nurses would be unemployed between epidemics. The outlook for the future is good. Training schools have awakened up a good deal in the last few years. Cherished traditions have been overthrown. Experiments have been made. Pupils, in several instances, have been allowed to live outside the School. Courses have been shortened for college women. Shorter hours have been introduced in a few more schools. There have been a few gifts of money, making possible better training school work.

Miss Gilman, of Rochester, spoke on The Elimination of Non-essentials in the Training of the Nurse. (Published in the March issue of the JOURNAL.) Anne H. Strong's plea for Possible Adjustments in the Training to Meet the Needs of Public Health Nurses, followed very appropriately. The training of nurses for the field of Public Health is a task of magnitude and imperative necessity. New York City, with its millions, presents, of itself, an enormous problem. It is estimated that we are caring for only one-tenth of the sick, in hospitals, and we know that private nurses are not available for more than a small proportion of the remaining nine-tenths. In order to prepare the large force of public health nurses needed, some adjustments in our present system are felt to be necessary. (Miss Strong's plan will be presented later to JOURNAL readers.)

One of the most appreciated speakers of the morning was Miss Day, from the Department of Elementary Education, who spoke on the Principles which May Be Regarded as Fundamental in School Supervision. There was much food for thought in these principles. Supervision should be a matter of rendering expert service to those supervised in response to their *felt needs*. Miss Day said that supervision which does not preserve and develop the individuality of the supervised is useless, that the relation between supervisor and supervised must be genuinely democratic, that supervision is an opportunity to *serve*, not to exert personal power. One principle which we should all bear in mind is that we are dealing with our intellectual peers, and should render the same respect we expect to receive. Miss Day emphasized the need of a sound knowledge of the basic principles of modern psychology, sociology, and philosophy if one is to be a successful supervisor. At the luncheon, many of the Alumnae gave interesting accounts of experiences in nursing work with the Army and the Red Cross, overseas and at home. Letters were read from Sara E. Parsons and Carrie M. Hall. Miss Nutting suggested that next year a dinner might be held, instead of the luncheon, to avoid the inevitable feeling of being hurried on when all would be so glad to linger and discuss intimately their achievements and failures. Mrs. Jenkins entertained the members of the Alumnae at tea and Major Orrin S. Wightman gave an interesting illustrated talk of his experience as member of a Red Cross Commission to Roumania. The meetings left a feeling of much good work done, and much more and better work ahead. The war is over, but the war against poverty, disease and ignorance continues.

Arkansas.—THE ARKANSAS STATE BOARD OF EXAMINERS will hold an examination for the state registration of nurses at the State Capitol, Little Rock, on May 20 and 21, at 9 a. m. For further information, apply to the Secretary, Sister Bernard, St. Vincent's Infirmary, Little Rock. THE ARKANSAS STATE GRADUATE NURSES' ASSOCIATION held its sixth annual meeting at St. Vincent's Infirmary, Little Rock, December 10 and 11. In the absence of Miss Hutchinson, who was in service, the first vice president, Katherine Dillon, presided. Annie Bremyer was selected as secretary pro tem, in the absence of Miss Simms, who was also in service. The sum of \$125 was pledged to the Nurses' Relief Fund. Miss Bremyer was chosen to represent the association at the conference called to meet that month in Chicago. Officers elected are: President, Katherine Dillon, Little Rock; vice presidents, Menia Tye, Fort Smith; Mrs. D. F. Deubler and Gertrude Lethbetter, Little Rock; recording secretary, Mrs. Wanda Finkphinder, Little Rock; corresponding secretary, Annie Bremyer, El Dorado; treasurer, Mrs. A. M. Zoll, Little Rock.

Colorado.—NEW OFFICERS of the State Association are: President, Mrs. Lathrop Taylor, Fort Collins; secretary, Mrs. Frank Pine, 301 West Ormon Avenue, Pueblo.

Connecticut.—MEETINGS OF THE NURSING organizations of the state were held in Waterbury, in St. John's Parish House, January 29 and 30. The League held its annual meeting on the afternoon of the 29th, followed by a dinner, with a mass meeting in the evening. The Public Health Organization met on the morning of the 30th, and the State Association in the afternoon. At the League meeting, Annie Doyle presented the government's plan for control of venereal disease, and there was an address by Adda Eldredge, interstate secretary, who was a great help in making the conference a success. Harriet Allyn gave a report of the Chicago conference. At the evening meeting, an address was given by Lieutenant Wilfred Beardsley of the Chief Sanitary Corps. At the

Public Health meeting, reports were given as follows: Chicago conference, Mary Grace Hills; General Visiting Nursing, Henrietta Van Cleft; Pre-natal Nursing, Martha J. Wilkinson; Child Welfare, Abbie M. Gilbert; Tuberculosis, Margaret Gillis; School Nursing, Margaret Barrett. At the state meeting, the question of Rank for Nurses was discussed and a vote was taken to approve pushing the Lewis-Raker bill. A state committee was formed to work for it. Mary Grace Hills has been chosen president of the State Association. **New Haven.**—THE EXECUTIVE COMMITTEE of the New Haven Hospital, realizing that the influenza has made such demands on the student nurses as to prohibit proper study and rest, has appropriated a sum of \$25,000 to secure for six months enough graduate nurses for general ward duty and enough extra ward maids to make it possible for the students to enjoy the unusual educational advantages possible through the curriculum as planned; and instruction given by members of the Yale University Medical School and Connecticut Training School faculties, and yet allow a daily average of 250 patients in the hospital. A NURSES' CENTRAL REGISTRY has been established in this city, directly, perhaps, the outcome of conditions emphasized by the war and the influenza epidemic, but indirectly the acceptance of an expedient developed and advocated by all the prominent leaders in nursing education as a means of dignifying and elevating the nursing profession. The objects of the Central Registry are to aid the medical profession and the public in securing qualified nurses; to promote the educational and social standards of the nursing profession; to support and defend the law relating to nurses. Comprising as it does, nurses of all standards of ability and qualifications,—graduated, practical, institutional, hourly, and public health, all of whose credentials must be investigated; it dignifies coöperation, and at the same time acts as a control upon inefficiency. It will centralize the nursing force of the city, establish a bureau of information for the benefit of the doctors, the nurses and the public; furnish a backing and guarantee that a nurse is in good standing and in every way promote the progress and development of the nursing profession. It is a plan that has been attended with great success in every city where it has been adopted, and at a great saving of time and money to the nurses. The New Haven committee is composed of the presidents of the nurses' alumnae associations, superintendents of nurses from the hospitals, the nurses' Y. W. C. A., and private duty nurses. Through the courtesy of the New Haven Medical Association, the committee has secured a room for an office in the Medical Library, 234 Church Street. Marian Dibblee, a prominent alumna of the Massachusetts General Hospital, is the Registrar, and with her assistant will be on duty every day and can be reached by telephone at night, thus giving a twenty-four-hour service. THE EXECUTIVE BOARD OF THE CONNECTICUT TRAINING SCHOOL with the coöperation of the alumnae association gave a dinner at the New Haven Hospital on February 27 for the returned nurses who had gone overseas in August, 1917, in the medical unit under Dr. Joseph Marshall Flint. All the alumnae were invited and nearly one hundred attended the dinner which was greatly enjoyed. Afterward special views taken by Dr. Flint, "over there," were thrown on the screen. There were ten graduates of the Connecticut Training School in the Yale Mobile Unit. At the March meeting of the alumnae association, a talk was given by Marian Dibblee of Boston, explaining the method and aim of the new Central Registry. Miss Landis, superintendent of the school, also gave a talk, using pictures. **Hartford.**—ON MARCH 1, a pupil nurse of the Hartford Hospital Training School began a two months' course with the social service worker of the hospital. This course is to be given to as many as possible who desire it and who show an adaptability for it.

District of Columbia.—THE GRADUATE NURSES' ASSOCIATION, on March 3, heard an address by Mrs. Helen Hoy Greeley of New York on Relative Rank for Nurses. Those nurses present who had seen army service were keenly interested and after the meeting told Mrs. Greeley that their experiences had, in many small ways, shown their need for officers' status in the army. THE NURSES' EXAMINING BOARD of the District of Columbia will hold an examination for the registration of nurses, on Wednesday, May 14, 1919. Applications to be in before April 30. Apply to Margaret S. Flynn, Secretary and treasurer, 1337 K. Street, N. W., Washington, D. C.

Florida.—THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES will examine applicants for state registration at the Leon County Court House, Tallahassee, May 19 and 20. For information and application blanks, address Mrs. Louisa B. Benham, Secretary-treasurer, 738 Talleyrand Avenue, Jacksonville.

Kansas.—THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration at the Lamer Hotel, Salina, May 28 and 29. Applications for this examination should be filed at least ten days previous to this date with the Secretary of the Board, Sister Mary Helena, R.N., St. Barnabas Hospital, Salina.

Kentucky.—THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold semi-annual examination for registration of graduate nurses at the City Hospital, Louisville, June 3 and 4, 1919, beginning at 9 a. m. For further information apply to Flora E. Keen, Secretary, Somerset, Kentucky.

Maine.—THE MAINE STATE NURSES' ASSOCIATION held its sixth annual meeting on January 22, at Congress Square Hotel, Portland, Miss Soule presiding. After routine business and reports, the proposed amendments to the constitution and by-laws were adopted. Delegates were appointed to attend the convention of the New England Division to be held in Maine during the coming summer. It was decided to adopt one French orphan. A committee was appointed to prepare resolutions on the death of those members who had died in service or during the epidemic. At noon a delightful luncheon was enjoyed. At the afternoon session, a report of the Red Cross Committee was given by Miss Dearnness. Election of officers followed: President, Lucy Potter; vice presidents, Margaret Dearnness, Mrs. Sarah Hayden; secretary, Katharine Keating; treasurer, Betsy Edgecomb; auditor, Maude Stone. Chairmen of committees are: Ways and Means, Miss Harris; League of Nursing Education, Miss Clapp; Nominating, Miss Anderson; Arrangements, Miss Washburn; Public Health, Miss Sanderson. The speakers of the day were Helen Redfern and Anna Doyle. Miss Redfern, visiting instructor in training schools in Boston, spoke on the Standard Curriculum. Miss Doyle, supervising nurse of the venereal department of the United States Public Health Service, spoke on Government Plans for Control of Venereal Disease. Miss Soule then gave an address and a report of the convention in Cleveland. THE MAINE STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold examinations for the registration of graduate nurses at the State House, Augusta, Me., April 16 and 17, at 10 o'clock. Application blanks may be procured from the secretary and should be filed at least ten days prior to the date of examination. Rachel A. Metcalf, Secretary-treasurer, Central Maine General Hospital, Lewiston.

Maryland.—THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination of applicants for state registration May 26 to 29. All applications should be filed with the secretary before May 10, 1919. Mary Cary Packard, Secretary, 1211 Cathedral Street, Baltimore. Baltimore.—On March 14, Elsie M. Lawler, principal of the Johns Hopkins Training School, arranged for Mrs.

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Greeley to meet nurses of the Johns Hopkins Unit which has recently returned to America. In the evening Mrs. Greeley spoke on Rank to the Maryland State Association of Graduate Nurses.

Massachusetts.—THE CHAIRMAN OF THE STATE RELIEF FUND COMMITTEE, Esther Dart, has appointed chairmen for the different counties, as follows: Barnstable, A. Marie Hansbury; Berkshire, Fanny C. Smith; Bristol, Ella E. Garland; Dukes, Frances R. Renear; Essex, Zaidee Moore; Franklin, Anna Koch; Hampden, Sara A. Bowen; Hampshire, Mrs. Alice C. Cleland; Middlesex, Bertha Allen; Norfolk, M. E. P. Davis; Suffolk, Ursula C. Noyes; Worcester, Marietta D. Barnaby; Plymouth, Louise Buford. All contributors are asked what proportion of their donations each beneficiary shall receive. THE MASSACHUSETTS GENERAL HOSPITAL UNIT has reached home, and when the other units arrive, the State Nurses' Association will give them a suitable welcome. THE NURSES' AMENDMENT to the existing law has been discussed in the House of Representatives and has been recommitted for further revision. THE BILL FOR REGULATING THE HOURS OF LABOR has had a hearing, but as it has been before the House for the last twenty years, no uneasiness is felt just at present. It behooves the hospital authorities to regulate that situation themselves, or they may be saddled with a law detrimental to the best interests of the pupil and the hospital. THE HUNTINGTON HOSPITAL has established a six months' course for attendants. It has no training school, and the cases are chronic. Myra B. Conover is the instructor. **Springfield.**—EVA JANE PARMALE has been commended in a personal letter by General Pershing for remaining at her post of duty after being wounded in a German air raid. She, as well as Miss MacDonald of New York, was recommended for the British military medal "for exceptional bravery."

Michigan.—THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold an examination at Lansing, May 20 and 21. Applications should be in the hands of the Secretary, 511 Oakland Building, Lansing at least two weeks previous to the dates of the examination.

Minnesota: Park Rapids.—THERESA ERICKSEN, formerly school nurse in Anoka, has returned from work in France and has been appointed school nurse for Hubbard County.

Nebraska.—THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold the next regular examination in Lincoln and Omaha, May 28 and 29. Margaret McGreevy, Secretary, State House, Lincoln.

New Jersey: Montclair.—THE MOUNTAINSIDE HOSPITAL held its thirteenth annual meeting at the Graduate Nurses' Club on February 19. Twelve graduates of the class of 1918 were accepted as members. The officers were reelected. **Jersey City.**—THE NURSES' CLUB OF HUDSON COUNTY which was organized in January, 1917, with the object of promoting education in the nursing profession and sociability among its members, has decided to start a building fund for a nurses' club house. At a dance given on February 27, at the Bergen Lyceum, about \$1200 was realized which was added to the \$50 generously donated by an honorary member, to start the fund. Any hospital graduate of good professional and moral standing residing in Hudson County is eligible to membership. There are now 102 members. The officers are: President, Mrs. Enright; vice presidents, Miss Ewing, Miss Gumper; secretary, Miss Brede, Jersey City Hospital; treasurer, Miss Jamieson; executive committee, Miss Graham, Mrs. Cosgrove, Miss Buck; chairman of the Social Committee, Mrs. M. E. Hornung.

New York: Buffalo.—DISTRICT ASSOCIATION No. 1 met on February 26 and completed its organization, electing officers as follows: President, Mrs. Hanson; vice presidents, Rosetta Burton and Mrs. Bertha Gibbons; secretary, Ella F. Sinsebox,

131 Linwood Avenue; treasurer, Clara Wurtz; directors for one year, Katherine Danner, Mollie Frawley; directors for two years, Jessie Burton, Florence Manley; directors for three years, Mary Turner, Kate I. Kennedy. The meeting was well attended and there was an evident spirit of harmony and coöperation. Rochester.—DISTRICT ASSOCIATION No. 2 held a meeting on March 4 and adopted by-laws. Officers will be elected at the May meeting. ST. MARY'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting recently and elected the following officers: President, Anna L. Cummings; vice president, Mrs. J. Lynch; secretary, Celia Shaw, 150 Fillmore Avenue; treasurer, Helen Ward, 487 Birr Street. THE GENESSEE VALLEY NURSES' ASSOCIATION, District No. 2, held a meeting on March 4, at which the by-laws for the district were adopted. The first regular meeting will be held on May 27, when officers will be elected. Syracuse.—DISTRICT No. 4 held a meeting recently at which there were present representatives from Cortland, Auburn, Oswego, and Syracuse. Meetings will be held in April at Cortland, in June at Auburn, in October at Oswego, and in January at Syracuse. Officers elected are: President, Louise Sherwood of Syracuse; vice presidents, Isabel Smith, Miss Abbott of Cortland; secretary, Miss Morris of Auburn; treasurer, Mrs. Erhard; directors, Mrs. Kidder of Oswego, Mrs. Beecher of Cortland, Miss Fries of Auburn, Miss Concannon, Miss MacDill and Miss Hamill of Syracuse. New York City.—MT. SINAI TRAINING SCHOOL held graduation exercises for a class of fifty at the nurses' home, on March 4. THE NEW YORK POST GRADUATE HOSPITAL NURSES' ALUMNAE ASSOCIATION has elected officers for the year 1919, as follows: President, Mrs. Franklin Dorman; vice presidents, M. A. Gibney, Mrs. Martha Prouty, Mrs. Herbert Flint, Margaret Graham; secretary, Jeanie U. Strathie, 200 W. 81 Street; Emma C. Ludwig. JANE M. PINDELL has resigned her position as superintendent of nurses, Flower Hospital, to accept a position with the Young Women's Christian Association as an institutional management secretary.

North Dakota.—THE STATE BOARD OF NURSE EXAMINERS will hold their semi-annual examination for registration of nurses, May the sixth and seventh, at Grand Forks, North Dakota. M. Clark, secretary-treasurer, Devils Lake, N. D.

Pennsylvania.—THE ORGANIZATION OF DISTRICTS throughout the state is coming along very well, meetings having been held and officers elected. Philadelphia.—THE SAMARITAN HOSPITAL ALUMNAE ASSOCIATION held its regular meeting February 25, in the Nurses' Home. The revised copy of by-laws approved by the American Nurses' Association was submitted and adopted. A gold star was placed on the Honor Roll in honor of Meta Hertzog. News was read of the citation by General Pershing of Edna Kingston for bravery displayed during a heavy bombardment. A sum of money was set aside to establish a Beneficial Society, in memory of the three nurses who have died recently. It will be called the Samaritan Nurses' Beneficial Society. A rest room has been secured and furnished, in the hospital, for our nurses when on special duty. A number of voluntary contributions were made for this room. THE GRADUATE NURSES OF PHILADELPHIA and the senior classes of the training schools gathered in the amphitheatre of the Medico-Chirurgical Hospital on March 10 to hear an address on the Need of Relative Rank for Army Nurses by Mrs. Helen Hoy Greeley of the New York bar, counsel for the National Committee to Secure Rank for Nurses. The meeting was under the auspices of the Philadelphia League for Nursing Education. Miss Murray, the president, opened the meeting and turned it over to the chairman of the arrangements committee, Sarah A. Krewson. The army nurses in the audience seemed very sympathetic.

Rhode Island: Providence.—THE HOMEOPATHIC HOSPITAL ALUMNAE ASSOCIATION gave a theatre party and dinner on February 19, in honor of Miss C. P. Van der Water, retiring superintendent of the hospital. Miss Van der Water goes to the Mt. Vernon General Hospital, New York, after four years of efficient service, both in the hospital and on the examining board. The alumnae presented her, through their president, Edith Barnard, with a brooch of pearls, expressing their regret at her departure, and wishing her Godspeed. THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION at its February meeting, heard a talk by Deaconess Henrietta Goodwin of the Church Missions House, New York. THE RHODE ISLAND STATE NURSES' ASSOCIATION held a regular meeting at the Medical Library Building on February 27. Dr. Byron U. Richards of the State Board of Health told of pending legislation which affects matters of public health, Dr. Ellen Stone, of the Providence Board of Health, spoke of the work the city is doing for its children, and Ellen Atchison of the Massachusetts State Board of Health spoke of the work Massachusetts is doing for its towns in starting public health work. All the speakers were interesting and gave much valuable information. Pawtucket.—THE MEMORIAL HOSPITAL held graduating exercises on February 26 for a class of seven. Addresses were given by Dr. F. V. Hussey on Experiences with Naval Base Unit No. 4 and by Annie Clark of Whitinsville on The Nurses' Work Abroad. The diplomas were presented by C. O. Read. THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration at the State House, May 15 and 16, at 9 a. m. For blanks, address the Secretary, Lucy C. Ayers, R.N., Woonsocket Hospital, Woonsocket.

BIRTHS

On December 11, at Philadelphia, a daughter, to Dr. and Mrs. Henry Graber. Mrs. Graber was Avilla Whiteman, class of 1908, Presbyterian Hospital, Philadelphia.

On January 4, at Philadelphia, a son to Dr. and Mrs. George Malcolm Laws. Mrs. Laws was Elizabeth Williams, class of 1910, Presbyterian Hospital.

On February 12, at Philadelphia, a daughter, to Mr. and Mrs. Leonard Lettinger. Mrs. Lettinger was Ruth Llewellyn, class of 1915, Presbyterian Hospital, Philadelphia.

In January, a son, John, Jr., to Dr. and Mrs. John Leedom. Mrs. Leedom was Mary McGorry, graduate of the Samaritan Hospital, Philadelphia.

MARRIAGES

On March 1, at Neenah, Wisconsin, Mathild Helen Krueger, graduate of the Illinois Training School, Chicago, to Lieut. Thomas J. Lamping. Miss Krueger is well known in nursing circles, having been superintendent of nurses at the Lutheran Hospital, LaCrosse, and at the Farrand Training School, Detroit. She has been secretary of the American Nurses' Association and was chief nurse of the first Red Cross Unit sent to Serbia. She is president of the Committee of Examiners for Wisconsin. Lieut. Lamping is at present stationed at Camp Grant, Ill.

On November 4, at the American Consulate, Salonica, Ruth Bentley, class of 1913, Long Island College Hospital, Brooklyn, to Fred C. Ells. Mr. and Mrs. Ells expect to remain in the east for a year.

At Edgewood, W. Va., Anna R. Gribben, class of 1911, St. Anne's Maternity Hospital, Cleveland, to J. E. Vensel. Mr. and Mrs. Vensel will live in Wheeling, W. Va.

On February 3, at Providence, R. I., Josephine Halton, class of 1916, Rhode Island Hospital, to Dr. Norman Baker, Captain, U. S. Army Medical Corps. Captain and Mrs. Baker are at Fort Oglethorpe, Ga. Miss Halton was a public school nurse in Providence.

On February 15, at Jersey City, N. J., Abbie Lucile Bauer, class of 1913, Christ Hospital Training School, to William Smillie Gillelan. Mr. and Mrs. Gillelan will live in Jersey City.

Mary Maud Moore, graduate of the Samaritan Hospital, Philadelphia, to William A. Gibson, of the United States Army.

Marian Martin, graduate of the Samaritan Hospital, Philadelphia, to H. Kline, of Washington, D. C.

Louise Russell, graduate of the Samaritan Hospital, Philadelphia, to Elmer Elliott. Mr. and Mrs. Elliott will live at Chestnut Hill, Pa.

On October 31, Mary Rosenberger, graduate of the Samaritan Hospital, Philadelphia, to Edward Parker, M.D. Dr. and Mrs. Parker will live in Philadelphia.

On September 19, in New York City, Agnes E. Lord, graduate of the Samaritan Hospital, Philadelphia, to Douglas Irving Mann. Sergeant Mann is in the Medical Department, U. S. Army.

DEATHS

On October 15, in Philadelphia, of pneumonia, Mrs. Charles Cassidy. Mrs. Cassidy was May V. McCarthy, graduate of the Samaritan Hospital, and an active worker in the alumnae association. Previous to her marriage she had been a successful private duty nurse.

On February 4, in New York City, suddenly, Annie T. Madden, assistant superintendent of the New York Hospital Nurses' Club. Miss Madden was a most efficient worker and a very loyal friend.

In February, at the Great Lakes Naval Training Station, Ill., of influenza, Theresa Burmeister, class of 1917, St. Joseph's Hospital, Denver, Colo.

On February 20, at Memorial Hospital, Morristown, N. J., of severe burns, Edith Vanderhoof, class of 1915, Hospital of St. Barnabas, Newark.

In December, at Denver, Colo., of influenza, Mrs. Leslie J. Parker and her infant daughter. Mrs. Parker was Norma deCordova, graduate of Minnequa Hospital, Pueblo.

On January 26, at Denver, Colo., of pneumonia, Hildegard E. Miller, class of 1918, Mercy Hospital, Denver.

On December 31, in Philadelphia, of pneumonia, Carl Davis, graduate of the Samaritan Hospital. Miss Davis had been making a success of X-ray work. She was an active member of the alumnae association.

In January, at Camp McClellan, Ala., of pneumonia, Meta Hertzog, graduate of the Samaritan Hospital, Philadelphia. Before entering the Red Cross service, Miss Hertzog was a private duty nurse.

The Alumnae Association of the Philadelphia Orthopedic Hospital reports the following deaths of members: May Owens, who was in the Army service at Camp Lee; Clementine Aaron, head nurse of the Tuxedo Hospital, N. Y.; Mrs. John J. Bayliss of Maryland, who was Emily Wilson.

On December 23, at the American Red Cross Hospital, Tumen, Siberia, following a short illness of typhus fever, Grace McBride. Miss McBride was a graduate of Bellevue, class of 1912, also of the Philadelphia Training School. Before coming to Siberia, in September, 1918, she had been for two and a half

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years superintendent of nurses in a mission hospital at Huang Hsien, Shantung, China. During her illness she spoke of her love of her country and said she was glad she had come to Siberia. It was fitting that Dr. Teusler (head of the American Red Cross in Siberia) and staff should be passing through Tumen on the day of her death. Six American soldiers carried her body to its last resting place. The casket was covered with an American flag and a wreath, made and presented by the Czech soldiers. Her grave is beside the graves of soldiers, Czechs and Russians, for whom she cared while in this hospital. The nurses of the Unit feel that they have lost a loyal worker and faithful friend.

Recently, in France, Gertrude O'Connor, of the Boston City Hospital Unit. Miss O'Connor had received promotion. She died of spinal meningitis and was buried in Tours.

On January 9, at Yarmouth, Mass., of pneumonia, Jessie Baldwin, class of 1888, Massachusetts General Hospital. Miss Baldwin was a member of Base Hospital No. 7, and was cited for bravery.

On November 12, at Perkins Hospital, Ella M. Schroeder, of Ellinwood, Kansas.

Recently, at Camp Sherman, Ohio, Eva Taylor, class of 1903, South Side Hospital, Pittsburgh. Miss Taylor enlisted in the fall of 1918, and has since been stationed at Camp Sherman, where she had cared for hundreds of soldiers stricken with influenza. Miss Taylor had held a position at the South Side Hospital before entering Army work.

On January 16, at the Howard A. Kelly Hospital, Baltimore, of pneumonia, following influenza, Marion E. Charlesworth, class of 1917, Hahnemann General Hospital, Baltimore. Miss Charlesworth was an excellent and faithful nurse. Her bright and cheerful disposition won her many friends among patients and nurses who mourn her death.

On December 7, at the Howard A. Kelly Hospital, Baltimore, from pneumonia, following influenza, Rose Sutor, a recent graduate of the Elkton Hospital, Elkton, Md. Miss Sutor was an excellent and conscientious nurse, of a fine Christian character, much loved by her patients and associates.

Word has recently been received of the death, in Japan, of Mrs. Kumi Sato, class of 1905, Lakeside Hospital, Cleveland, O. Miss Sato took a three-year course at Hiram College before taking her nurse's training. She was a very bright young woman, very interested in her work. She returned to Japan soon after finishing her course and engaged in obstetrical nursing. She married a teacher, but as she was head of her own family, retained her maiden name.

A CORRECTION.—The deaths of graduates and pupil nurses of the Lankenau Hospital, Philadelphia, were incorrectly reported in the March JOURNAL, page 486, as of the Lankenau Hospital, New York.

BOOK REVIEWS

IN CHARGE OF

GRACE H. CAMERON, R.N.

AMERICAN RED CROSS ABRIDGED TEXT BOOK ON FIRST AID. General edition. A Manual of Instruction. By Colonel Charles Lynch. Second edition with 41 illustrations. P. Blakiston's Son and Company, Philadelphia. Price, 50 cents.

AMERICAN RED CROSS TEXT BOOK ON FIRST AID. Woman's edition. By Colonel Charles Lynch. Second edition, with 31 plates containing 92 figures. P. Blakiston's Son and Company, Philadelphia. Price, \$1.00; in paper, 35 cents.

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SURGICAL AND WAR NURSING. By A. H. Barkley, M.D. (Hon.), M.C., F.A.C.G. With 79 illustrations. C. V. Mosby Company, St. Louis. Price, \$1.75.

This small volume is admirably adapted as a supplementary text-book for use in the preliminary lectures on Surgical Technique. The text is clear and explicit. The illustrations give visible demonstration of the technique and the materials and instruments used.

A REFERENCE HAND-BOOK OF GYNECOLOGY FOR NURSES. By Catherine MacFarlane, M.D., Gynecologist to the Woman's Hospital of Philadelphia. Third Edition, Thoroughly Revised, with 71 Original Line Drawings. W. B. Saunders Company, Philadelphia and London. Price, \$1.50 net.

This little hand-book, with which all nurses are familiar, is now in the third edition. It is a convenient and comprehensive volume, especially for the graduate nurse. The small size is an added advantage. In this edition the details of technique have been brought up to date and new material added under the headings: Anatomy of the Ovary, Menstruation, and Tumors of the Uterus.

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